Providence Creek Academy Aftercare Registration Form

A Non-Refundable Enrollment/Registration Fee of $35.00 per child is required for enrollment

Student Name (Last)_____(First)_____Grade: _____

Date of Birth _____/_____/_____ Sibling Names: _____

Parent/Guardian Name: _____Cell _____ __Email:_____

Parent/Guardian Name: _____Cell _____Email:_____

Days of the week student will be attending Aftercare:

Please check: M_____ T_____ W_____ Th_____ F_____ or Only needed in case of Emergency _____

My student will only need care after activities (LEAP, tutoring, PCBT) Please check if applicable: _____

Emergency Contacts-Only used in the event parents cannot be reached (two are required):

Name: _____ Phone_____Email:_____

Name: _____Phone_____Email:_____

Student's Physician Name/Number: _____

Student's Dentist Name/Number: _____

Student Medical Alerts/Conditions:_____

Recent Care Plan on file with PCA Nurse: Yes/No (circle one); If no, please contact the school nurse to get it on file

Medication(s) Student takes on a regular basis: _____

Please list any allergies: _____

Medical Insurance: _____ Policy/Group Number _____

In the event of illness or injury, Providence Creek Academy will attempt to contact both parents at all numbers listed to inform them of illness or injury; not to determine transport. If the parent/guardian is unable to be contacted, the emergency contacts will be called in the order they are listed. What is deemed as, appropriate medical care will be provided, including contacting student physician and/or ambulance transfer to a medical facility for further care and evaluation.

I, _____ (parent/guardian) of _____

Agree to the above emergency medical treatment procedure. I agree to assume responsibility for the cost of emergency care, including transportation by ambulance if necessary. I consent to any emergency "treatment, surgery, diagnostic procedure etc." by a medical facilities' physician that is necessary to ensure that my child's health.

I, _____ (parent/guardian) give permission for a school administrator or an employee extended care aid to give my child non-prescription medication (Tylenol, Ibuprofen, throat lozenges, topical ointments, etc.).

Parent/Guardian Signature(s): _____Date: _____