



# Extended DayCare Application

**St. Eugene's Cathedral School**  
300 Farmers Lane, Santa Rosa, CA 95405  
Day Care Phone #: (707) 578-0699  
School Phone#: (707) 545-7252  
School Fax #: (707) 545-2594

**Please complete both sides of this form and return with the registration fee of \$25.00 per family.**

1. \_\_\_\_\_  
 Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

2. \_\_\_\_\_  
 Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

3. \_\_\_\_\_  
 Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

4. \_\_\_\_\_  
 Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Father's Name \_\_\_\_\_

Home Phone: \_\_\_\_\_ Pager # \_\_\_\_\_ Cell phone \_\_\_\_\_

Business Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Pager # \_\_\_\_\_ Cell phone: \_\_\_\_\_

Business Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Person responsible for fees: \_\_\_\_\_ Phone: \_\_\_\_\_

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**My child/ children will require day care on a:**

Regular basis    Drop in basis    Hrs. Needed \_\_\_\_\_, Morning time: \_\_\_\_\_ Afternoon time \_\_\_\_\_

**DAYS OF THE WEEK SERVICES ARE REQUIRED:** Mon.    Tues    Wed    Thurs    Fri.

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LIST OF THE PEOPLE WHO MAY PICK UP YOUR CHILD(REN): CHILD(REN) WILL NOT BE ALLOWED TO LEAVE WITH ANY PERSON NOT ON THIS LIST:

_____	NAME	_____	PHONE#
_____	NAME	_____	PHONE#
_____	NAME	_____	PHONE#
_____	NAME	_____	PHONE#

**MEDICAL RELEASE AND EMERGENCY INFORMATION FOR DAY CARE**

Additional persons who may be called in case of an emergency:

Name	Address	Phone #
Name	Address	Phone #
Name	Address	Phone #



Physician's Name	Address	Phone #
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If physician cannot be reached, what action should be taken?

Call emergency room at hospital	Other, explain: _____
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**CONSENT FOR MEDICAL AND DENTAL EMERGENCY TREATMENT**

Pursuant to the provisions of Section 25.8 of the California Civil Code, I hereby authorize \_\_\_\_\_ and/or staff member at \_\_\_\_\_ as

**Extended Daycare Director** **St. Eugene's Extended Daycare**  
agent(s) for my self to procure medical, hospital, or dental care for my child(ren) \_\_\_\_\_ in the event of injury or

child(ren) - grade(s)

illness while the child is in the care of the above named adults. I understand and agree that I am financially responsible for any care so procured.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, and it is given to provide my agent(s) with the authority to consent to such medical care, should it become necessary in an emergency.

_____	_____
Date	Signature of parent or guardian

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**GENERAL INFORMATION:**

Does your child have any allergies to food, pollens or insect bites? \_\_\_\_\_

Does your child take medication for asthma presently? \_\_\_\_\_, if yes, it is required that said medication be supplied to the day care center for emergencies.

Medical facts we should be aware of (explain) \_\_\_\_\_

Any information we should have regarding scheduling (leaving for sports, going with babysitter, etc.), behavior, (shyness etc.)? \_\_\_\_\_

Anything you would like us to know about your child? \_\_\_\_\_