

Journeys Childcare Registration Form 2015-2016 School Year			Date:	
Child's Name:			Birthdate:	
Child's Name:			Birthdate:	
Mother's Full Name	Home Phone #	Cell phone #	Work/alternate #	
Address (Street, city, state and zip)				
Email Address:				
Father's Full Name	Home Phone #	Cell phone #	Work/alternate #	
Address (Street, city, state and zip)				
Email Address:				
Circle the days your child(ren) will be attending:				
Monday: AM PM Tuesday: AM PM Wednesday: AM PM Thursday: AM PM Friday: AM PM Drop In (as needed): AM PM				
Other than you, who else has permission to pick up your child(ren)? = Emergency Contact				
Name:		Relation to child(ren):		
Home Phone #:	Cell Phone #	Work phone #		
Child's Health Information				
Child's Health Care Provider:			Phone #	
Special Health problems? Specify:		Allergies? Specify:		
Medications?				
Child's Dentist Name		Phone #		
Medical Insurance Information				
Insurance Company Name:			Member/policy number:	
Policy Holder Name			Employer Name	
I give permission that my child(ren) may be given first aid/emergency treatment by any staff at Immaculate Conception School. In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by doctors or hospital. In an emergency, if you are unable to reach me, please call the emergency contact listed above.			Parent/Guardian Signature	
Field Trip Consent and Indemnity Agreement				
<u>Where:</u> Walking trips to Huset Park, Columbia Heights Library, Crestview Senior Center, Dairy Queen, etc. (A sign will be left on the door indicating where the students are. The school office will also be informed of their whereabouts). <u>Individual in Charge:</u> Journey's Teacher/Staff Members I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify Immaculate Conception Church/School and the Archdiocese of S. Paul & Minneapolis from any claims or law suits brought against the Immaculate Conception Church/School/Archdiocese of St. Paul & Minneapolis by myself, my child or others that arise out of any behavior by my child at the event/activity described above. I also Agree to pay reasonable attorney fees or expenses incurred by the parish/school and the Archdiocese in defense of such a claim/suit.			Parent/Guardian Signature	
I acknowledge that I have received and agree to abide by these guidelines.				
Parent/Guardian Signature			Date	