

**DIVINE SAVIOR CATHOLIC SCHOOL  
SUMMER CARE REGISTRATION FORM – 2020**

FAMILY NAME \_\_\_\_\_

CHILD(REN'S) NAMES \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
\_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
\_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ WORK # \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CELL # \_\_\_\_\_  
EMAIL \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ WORK # \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CELL # \_\_\_\_\_  
EMAIL \_\_\_\_\_

**TENTATIVE DAILY SCHEDULE**

MONDAY \_\_\_\_\_ TO \_\_\_\_\_

TUESDAY \_\_\_\_\_ TO \_\_\_\_\_

WEDNESDAY \_\_\_\_\_ TO \_\_\_\_\_

THURSDAY \_\_\_\_\_ TO \_\_\_\_\_

FRIDAY \_\_\_\_\_ TO \_\_\_\_\_

**WILL YOUR CHILD(REN) BE ATTENDING  
SUMMER SCHOOL AT NORTHERN OZAUKEE?**

YES \_\_\_\_\_ NO \_\_\_\_\_

**PLEASE LET US KNOW OF ANY WEEKS YOU  
WILL NOT BE ATTENDING SUMMER CARE  
DUE TO FAMILY VACATIONS, ETC.**

From \_\_\_\_\_ To \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

PLEASE ENCLOSE A CHECK FOR **\$25.00** NON-REFUNDABLE SUPPLY FEE PER  
CHILD, MAXIMUM **\$50.00** PER FAMILY, WITH THIS FORM.

**AUTHORIZED PERSONS:** The people on this list will be the only ones allowed to remove your child from the Summer Care Program, other than the parents. In the event of an emergency or unauthorized pick-up, the parent will be contacted before the child is released. Please notify the extended care teacher if someone other than the parents will be picking up your child.

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_  
NAME \_\_\_\_\_ PHONE # \_\_\_\_\_

UNUSUAL MEDICAL CONDITIONS OR ALLERGIES THAT YOU WOULD LIKE US TO BE AWARE OF:  
\_\_\_\_\_

EMERGENCY MEDICAL CONTACT: \_\_\_\_\_

I, \_\_\_\_\_ realize that in the case of extreme illness or injury, judgment as to what medical attention is needed, if I am unable to be contacted, will be made by the person(s) in charge. Every effort will be made to contact the parent before emergency care is given.

PARENTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_