



# 2018-2019 ST. JOHN 'S J-CARE REGISTRATION

## General Information

\*One registration form per child

Grade entering in '18 \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_

### Emergency Contacts – *must have three people in addition to parents*

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Other Phone #: \_\_\_\_\_

### Medical Information

Allergies: \_\_\_\_\_

Asthma: \_\_\_\_\_ Asthma Medication: \_\_\_\_\_

Dietary Needs: \_\_\_\_\_

Status of Hearing/Vision: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Other Medical Information: \_\_\_\_\_

### Days Attending

Please check all that apply

Mornings:  Monday  Tuesday  Wednesday  Thursday  Friday

Afternoons:  Monday  Tuesday  Wednesday  Thursday  Friday

My child will be on a varied schedule. He/She will be attending: mornings/afternoons \_\_\_\_\_ days a week. Start date of program: \_\_\_\_\_

Parent Signature): \_\_\_\_\_ today's date: \_\_\_\_\_ **please turn over** →

**J-CARE**  
**FIELD TRIP PARENTAL/GUARDIAN CONSENT FORM AND INDEMNITY AGREEMENT**

Participant's Name: \_\_\_\_\_

I, \_\_\_\_\_, grant permission for \_\_\_\_\_ to participate in J-Care related Field/Swim trips and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the parish/school and the Archdiocese of St. Paul/Minneapolis from any claims or lawsuits brought against the parish/school/ Archdiocese of St. Paul/Minneapolis by myself my child, or others that arises out of any behavior by my child at the events/activities described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and Archdiocese in defense of such a claim/lawsuit.

**Emergency Medical Treatment**

In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of an emergency, J-Care staff members will contact the first parent/guardian listed on his/her Emergency/Authorized Contact sheet (registration form).

Family Health Plan Carrier Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

As a parent or guardian, I agree to all of the above stated considerations and conditions.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

