



2024 SUMMER - ST. JOHN 'S J-CARE REGISTRATION

General Information

*One registration form per child

Grade entering in '24 _____

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

Monday

Tuesday

Wednesday

Thursday

Friday

My child will be on a varied schedule. He/She will be attending: _____ days a week.

Parent Name (Print): _____ Parent Signature: _____

Today's Date: _____

Start date of program: _____

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 via bus and walking trips. This form gives permission for the participant in J-Care to go outside the building complex of St. John's to areas around the campus, including neighboring park, library. I grant permission for my child to participate in all St. John's summer field trips. 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.

Sunscreen and Over-the-Counter Items (not medication)

I give permission to St. John's J-Care Staff to apply over-the-counter topical ointments, lotions, creams, and sprays including sunscreen, lip moisturizer, insect repellent and hand lotion to my child. I understand that I am to provide the hand lotion, lip moisturizer, and insect repellent of choice and it must be labeled with my child first and last name. I also understand that I have to give these items to the J-care Staff and not leave it in their backpack. As a parent or guardian, I agree to all of the above stated permission, considerations and conditions.

Signature: _____ Date: _____

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: _____