

**St. James School**  
**After School Adventures Program**  
**143 Main Street**  
**Johnson City, New York 13790**  
**797-5444**

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Grade as of 2022-2023 \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Status of Parents/Guardian:

Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Step Parents \_\_\_\_\_ Other \_\_\_\_\_

Remarks: \_\_\_\_\_

(Please explain specific days parents are to pick up if such an arrangement has been made. It is legal for either parent to pick up unless we have a copy of a court order restricting visitation)

Brothers/Sisters of Child:

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Other Members in Household (Include relationship) \_\_\_\_\_

Persons Authorized To Pick Up Child:

1. \_\_\_\_\_

Name	Relationship	Phone Number
------	--------------	--------------

2. \_\_\_\_\_

Name	Relationship	Phone Number
------	--------------	--------------

3. \_\_\_\_\_

Name	Relationship	Phone Number
------	--------------	--------------

These people will be called after parents in case of an emergency.

(Under No Circumstances will a child be released to anyone not known to the program without authorization from a parent/guardian)

My child will attend:

\_\_\_\_\_ Monday through Friday until \_\_\_\_\_PM.

\_\_\_\_\_ Only on days Circled: Mon Tues Wed Thurs Fri Until \_\_\_\_\_PM

Does your child have:

Frequent colds \_\_\_\_\_ Vomit Easily \_\_\_\_\_ Earaches \_\_\_\_\_ High Fevers \_\_\_\_\_ Allergies \_\_\_\_\_  
Asthma \_\_\_\_\_

If allergic, what is he/she allergic to and how does it manifest itself?

\_\_\_\_\_

Does your child take any medications regularly? If so, indicate dosage, time, and purpose.

\_\_\_\_\_

Note: We are not authorized to administer medications

Any other medical problems we should be alerted to?

\_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Other Medical Specialist \_\_\_\_\_

Emergency Hospital Preference \_\_\_\_\_

I hereby grant my child permission to use all of the play equipment and participate in all of the activities of the program and to leave the program premises under the supervision of a staff member for neighborhood walking trips.

Mother/Guardian \_\_\_\_\_ Father/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_