



## St. Edward Catholic School

Fr. Todd Peterson, Pastor \* Jaci Garvey, Principal

210 W. 4<sup>th</sup> Street \* Minneota, Minnesota 56264

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## St. Edward School Summer Care Registration

Mom's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Dad's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #'s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_ 2022/23 Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_ 2022/23 Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_ 2022/23 Grade \_\_\_\_\_

### IN CASE OF AN EMERGENCY PLEASE CALL:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### CONDITIONS REQUIRING SPECIAL EMERGENCY CARE:

Asthma/Upper Respiratory: \_\_\_\_\_ Diabetic: \_\_\_\_\_

Allergies: (list) \_\_\_\_\_

Medications (list): \_\_\_\_\_

Food: (list) \_\_\_\_\_

Other: \_\_\_\_\_

### GIVE EXACT INSTRUCTIONS FOR CARE IN THE EVENT OF EMERGENCIES NOTED ABOVE:

(be specific) \_\_\_\_\_

### Approval of Procedures for Necessary Medical Attention

This authorization gives the power of approval for necessary medical attention as recommended by a licensed physician or surgeon, including x-ray examination, anesthetic, medical or surgical diagnosis, treatment and hospital care. Neither the Principal, Staff nor the school district will assume any financial responsibility for this action. In necessary situations where we cannot be contacted, we hereby authorize the principal to follow the procedures listed: 1) To make reasonable attempts to contact persons identified. 2) When said persons cannot be contacted, the school staff is to act in our behalf. 3) To contact the following ambulance service, medical doctor or hospital as required.

Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**From to time, the St. Edward School Summer Care Program staff may photograph and video tape students during activities. According to copyright law, we need your permission to video tape or photograph your child. These tapes and pictures are usually saved and they may be used occasionally in print or on the internet. Student names will not be attached to photos on the internet.**

\_\_\_\_\_ Yes, staff of St. Edward Summer Care Program have my permission to photograph my child.  
\_\_\_\_\_ No, I prefer not to have my child photographed by St. Edward Summer Care Program staff.

**Please list ALL other authorized individuals that are allowed to pick up your child from the St. Edward Summer Care Program. Include any additional names and numbers on a separate sheet of paper.**

Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Name \_\_\_\_\_ Phone # \_\_\_\_\_

**I am enrolling my child(ren) in the St. Edward Summer Care program at St. Edward School for the following weeks. I understand that tuition is \$29.50 per day per student. Meals and snacks will be provided. St. Edward Summer Care program staff will make every attempt to walk students to their summer recreation activities in Minneota.**

St. Edward Summer Care will begin at 7:15 am and end at 6 pm each weekday.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return this form to St. Edward School at 210 W. 4<sup>th</sup> St., Minneota, MN 56264 or  
tbanks@stedscatholicschool.com.