

Holy Redeemer Catholic School 2023-2024  
Beyond the Classroom Enrollment and Authorization

*Please complete a BTC Enrollment and Authorization form for each student.*

Student's Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Family's Last Name \_\_\_\_\_ Start Date \_\_\_\_\_ Grade \_\_\_\_\_

**PLEASE INDICATE THE DAY(S) AND TIME PERIOD(S) NEEDED FOR BEFORE OR AFTER SCHOOL CARE (BTC)**

Monday AM	Tuesday AM	Wednesday AM	Thursday AM	Friday AM
Monday PM	Tuesday PM	Wednesday PM	Thursday PM	Friday PM

Name of Child \_\_\_\_\_ Age \_\_\_\_\_

Parent(s) or Guardian(s) Contact Information;

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_ Home phone \_\_\_\_\_

Email \_\_\_\_\_ Cell phone \_\_\_\_\_

Worksite/employer address \_\_\_\_\_ Work phone \_\_\_\_\_

Parent(s) or Guardian(s) Contact Information:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_ Home phone \_\_\_\_\_

Email \_\_\_\_\_ Cellphone \_\_\_\_\_

Worksite/employer address \_\_\_\_\_ Work phone \_\_\_\_\_

We will always try to contact parents first. However, we are **required** to have emergency contact other than parents. These people are authorized to pick up your child from the facility. Please list all appropriate numbers.

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

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

Other people authorized to pick up child in non-emergency situations:

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

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

Medical Provider \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Group /Health # \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have any health concerns: (list below)

My Signature gives permission for the following:

In an emergency, the child care facility has my permission to call an ambulance to take my child to any available physician or hospital at my expense and to obtain medical treatment for my child. In most emergencies, 911 is called and the child is transported to the nearest hospital and seen by Dr. on call. (Parents are notified as soon as possible)

Any form of medications, including over the counter medications and ointment must be accompanied by an **Authorization for Medication** form with parent/guardian signature.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_