



St. Edward Catholic School

Fr. Craig Timmerman, Pastor * Jaci Garvey, Principal

210 W. 4th Street * Minneota, Minnesota 56264

Phone: (507) 872-6391 * Fax: (507) 872-5263

Email: jgarveysteds@hotmail.com

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St. Edward School Summer Care Registration

Parent Name(s): _____

Address: _____

Mom's Phone #'s: Home _____ Work _____ Cell _____

Dad's Phone #'s: Home _____ Work _____ Cell _____

Email Addresses: _____

Student Name _____ Birthdate _____ 2019/20 Grade _____

Student Name _____ Birthdate _____ 2019-20 Grade _____

Student Name _____ Birthdate _____ 2019/20 Grade _____

Student Name _____ Birthdate _____ 2019/20 Grade _____

IN CASE OF AN EMERGENCY PLEASE CALL:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

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.

_____ Phone # _____

_____ Phone # _____

_____ Phone # _____

_____ Phone # _____

_____ Phone # _____

_____ 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 \$110 per week per student. Meals and snacks will be provided at these rates. St. Edward Summer Care program staff will make every attempt to walk students to their summer recreation activities in Minneota.

_____ Week 1: June 10-14
Student(s) _____

_____ Week 6: July 15-19
Student(s) _____

_____ Week 2: June 17-21
Student(s) _____

_____ Week 7: July 22-26
Student(s) _____

_____ Week 3: June 24-28
Student(s) _____

_____ Week 8: July 29-Aug. 2
Student(s) _____

_____ Week 4: July 1-5 (No care on July 4th) \$88
Student(s) _____

_____ Week 9: Aug. 5-9
Student(s) _____

_____ Week 5: July 8 – 12
Student(s) _____

St. Edward Summer Care is available between 7:15 am and 6 pm each weekday. St. Edward Summer Care staff will contact you regarding the arrival and departure times of your children.

Parent Signature: _____ Date: _____

Please return this form to St. Edward School at 210 W. 4th St., Minneota, MN 56264 or jgarvey@stedscatholicschool.com.