

ST. THECLA EXTENDED SCHOOL PROGRAM HEALTH FORM

This acknowledges that my child, _____, d.o.b. _____, who attends St. Thecla Extended School Program, a school age program licensed/approved by the Division of Child Care Licensing, is in good health and his/her immunizations are current.

Further, any health restrictions, allergies, medications taken by the child, or any other needs are noted below:

Parent Signature _____ Date _____

ST. THECLA EXTENDED SCHOOL PROGRAM FOOD AND NUTRITION FORM

I agree to provide a snack for my child every day he/she attends St. Thecla Extended School Program after school.

I agree to provide a lunch and a snack for my child every day he/she attends St. Thecla Extended School Program on early dismissal days.

Child's name _____

Parent Signature _____ Date _____

ST. THECLA EXTENDED SCHOOL PROGRAM OUTDOOR PLAY AREA

I understand that my child, _____, may be participating in activities on the St. Thecla School outdoor play area. This will include areas commonly known as 'the playscape', 'the field', and 'the blacktop'.

Parent Signature _____ Date _____

Child Info Record _____

Registration Fee Paid _____

Licensing notebook _____