ST. THECLA EXTENDED SCHOOL PROGRAM HEALTH FORM

inis acknowledges that my child,	×*;	, d.o.b.
, who attends St. The program licensed/approved by the Division	cla Extended Schoo	l Program, a school ag
program licensed/approved by the Division of	of Child Care Licensi	ng, is in good health
and his/her immunizations are current.	4.5	
Further any hardly realized and the		
Further, any health restrictions, allergies, meneeds are noted below:	edications taken by the	ne child, or any other
needs are noted below.	• •	
	•	•
	•	
		v
Parent Signature	Date	.
	Dak	
	•	•
		•
ST. THECLA EXTENDED SCHOOL PRO	GRAM FOOD AND	NUITRITION FORM
agree to provide a snack for my child every	day haleha attanda	St Thoole Extended
school Program after school.	day nersite attenus	OI. THECK EXCERNED
	•	•
agree to provide a lunch and a snack for m	/ child every day be/	she attends St. Theris
xtended School Program on early dismissa	l davs	one attends of Theole
	. uayo.	
	•	
hild's name		
1	•	
arent Signature	Date	
	,	
AND THE SAME ASSESSMENT OF THE SAME ASSESSMEN		
ST. THECLA EXTENDED SCHOOL F	'ROGRAM OUTDO	OR PLAY AREA
		•
understand that my child,	, ma	y be participating in
ctivities on the St. Thecla School outdoor pl	ay area. This will inc	clude areas commonly
nown and 'the playscape', 'the field', and 'th	ie blacktop'.	
land Oimed		,
arent Signature	Date	@ali
·		
		*
d Info Record		•
		•
		•
ild Info Record gistration Fee Paid ensing notebook		•