St. Jude Catholic School
930 Ashland Terrace Chattanooga, Tennessee 37415 (423) 877-6022
www.mysjs.com

AFTERCARE APPLICATION 2026-2027

YOU MUST COMPLETE YOUR FAMILY, EMERGENCY AND MEDICAL INFORMATION ON FACTS.

STUDENT NAME(S) AND GRADE(S):

PARENT/GUARDIAN NAMES(S) AND PRIMARY CONTACT NUMBER(S):

EMERGENCY CONTACT NAME(S)/PHONE NUMBER(S) if primary contact connot be reached:

LIST ALL ALLERGIES for each student (be specific):

LIST ALL MEDICATIONS CURRENTLY TAKEN by each student:

IF APPLICABLE, AFTERCARE DIRECTOR MUST BE GIVEN REQUIRED EPI PENS AND INHALERS FOR EACH STUDENT (EVEN IF ONE IS ALREADY KEPT IN SCHOOL CLINIC)

In case of illness or accident and if I cannot be reached, I authorize the staff member in charge of the Aftercare program at St. Jude Catholic School to send my child, _____, to the nearest hospital to receive treatment deemed necessary by the attending physician.

PREFERRED HOSPITAL:

PRIMARY PHYSICIAN'S NAME/PHONE NUMBER:

PARENT SIGNATURE AND DATE:

(continued on next page)

My child: □MAY □MAY NOT be treated for bug bites
My child: □MAY □MAY NOT be given Tylenol (when applicable)
My child: □MAY □MAY NOT use face paint
My child: □MAY □MAY NOT have their photo taken

Additional people who may pick up student:

Sports My child may be released to (please update as needed in the year- if your child requests to go the their practice and it is not listed we will call!)

<u>My signature below acknowledges the following:</u>

1. My child(ren)'s immunizations are up-to-date and are on file at the school.
2. I understand that by registering the child(ren) above, I am assuming responsibility for all fees due for Aftercare services.
3. I have received a copy of the After School Care Policies.
4. I understand that the program closes promptly at 6:00 p.m. and continual late pick-ups could result in additional fees and/or dismissal from the program.
5. **ALL CHILDREN MUST BE SIGNED IN AND OUT BY AN AUTHORIZED ADULT. (A FORM OF I.D. IS REQUIRED FOR ANY ADULT SIGNING OUT) THIS IS A STATE REGULATION. PLEASE USE A FULL SIGNATURE.**

Signature of Parent/Guardian and Date:
