

St. Jude Catholic School

930 Ashland Terrace Chattanooga, Tennessee 37415 (423) 877-6022

www.mysjs.com

 AFTERCARE APPLICATION 2025-2026

**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:**

**My signature below acknowledges the following:**

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:**