Dear Parents,

On the **back** of this page is the **Student Emergency Information/ESP Registration Form.** This form is required to be on file for **ALL** students. In the event you cannot be reached, this form gives the school permission to have your child treated by emergency medical personnel. State licensing and the Archdiocese of Atlanta require this information be on file in the school office. **Please complete the form *in its entirety*.** If a line doesn't apply to you or your child, *please mark "N/A" in that space.* Please complete one form for EACH child.

All students are REQUIRED to register for ESP in the event an emergency requires use of the program. Students not picked up by 3:30pm (Monday, Tuesday, Thursday, and Friday) and 2:45pm (Wednesday) will automatically check in to ESP.

ALL ESP Charges are assessed through FACTS. Fees are charged on Monday for the previous week's ESP usage. Charges for ESP are as follows:

Registration: $25.00 per child
Early Morning ESP fees: $2.00 per child, per day
Weekly ESP fees:
$44/1 child $54/2 children $64/3 children $74/4 children
Drop-in Rates: $18 per child, per day – (*24 hour notice required*)
A $40.00 weekly late fee applies to past due accounts.
A $5.00 per minute/per child late fee will be charged after 6:00pm.
All students MUST be registered prior to attending the Extended School Program.

We agree to support and be governed by the rules and regulations stated in the Parent/Student Handbook of St. John the Evangelist School. I understand I will be charged the $5.00 per minute/per child late fee for students picked up after 6:00pm. This fee is due on the day of service.

_____ / _____ _____

Parent or Guardian Signature Date Parent or Guardian Name (PLEASE PRINT)

REVISED 4/16

ST. JOHN THE EVANGELIST CATHOLIC SCHOOL STUDENT EMERGENCY INFORMATION/ESP REGISTRATION					
PLEASE COMPLETE *EACH* SPACE. IF IT DOES NOT PERTAIN TO YOUR CHILD, MARK N/A					
THIS EMERGENCY INFORMATION/ESP REGISTRATION FORM IS PART OF YOUR CONTRACTUAL AGREEMENT					
LAST NAME		**FIRST NAME**		**MIDDLE INITIAL**	
ADDRESS			**EMERGENCY PHONE**		
CITY	STATE & ZIP CODE		COUNTY	**GRADE**	
BIRTHDATE	GENDER M F		HOME PHONE		
RELIGION			PARISH		
PHYSICIAN NAME			PHYSICIAN PHONE #		
ALLERGIES **(PLEASE LIST)**					
(CIRCLE ALL THAT APPLY) ASTHMA	DIABETES	EPILEPSY	HEART PROBLEMS	OTHER	
SPECIAL MEDICATIONS (LIST)					
SPECIAL NEEDS		SPECIAL ACCOMMODATIONS			
MENTAL HEALTH DISORDERS (EXPLAIN)		DENTAL APPLIANCES (EXPLAIN)			
DEVELOPMENTAL DISABILITIES (EXPLAIN)					
PHYSICAL PROBLEMS (EXPLAIN)					
RECURRING ILLNESS (EXPLAIN)					
All medication, prescription or over the counter, MUST be sent to the office with the appropriate Archdiocesan Medical Form, #5300. *No antibiotics may be administered by school employees.*					
HOSPITAL WHERE STUDENT SHOULD BE TAKEN IF PARENT OR PHYSICIAN IS UNAVAILABLE					
INSURANCE CO		POLICY #		GROUP #	

PARENT INFORMATION					
FATHER'S NAME			**MOTHER'S NAME**		
LAST	FIRST	MI	LAST	FIRST	MI
ADDRESS (If different)			ADDRESS (if different)		
HOME PHONE			HOME PHONE		
COMPANY NAME			COMPANY NAME		
ADDRESS			ADDRESS		
WORK #			WORK#		
CELL #			CELL #		
EMAIL			EMAIL		

CHILD MAINTENANCE
CHILD'S LIVING ARRANGEMENTS ( )BOTH PARENTS ( )MOTHER ( )FATHER ( ) OTHER
CHILD'S LEGAL GUARDIAN ( )BOTH PARENTS ( )MOTHER ( )FATHER ( ) OTHER

CHILD MAY BE RELEASED TO THE PERSON(S) SIGNING THIS AGREEMENT OR TO THE FOLLOWING:			
NAME	**RELATIONSHIP**	**ADDRESS**	**PHONE**
1			
2			
3			
4			

If any emergency arises, the school will try to contact the student's mother or father. If neither Parent can be reached, I give permission to Dr. _____ to be wholly responsible for the care of my child. If he/she is unavailable in the event of a major emergency, the administration is directed to seek emergency care at the medical or hospital facility indicated above. I will be responsible for the payment of all expenses incurred.

I have been informed of the pay schedule on the back of this page, and I verify the above information to be correct and true.

_____ /_____

Parent or Guardian Signature **Date**

_____ /_____

Student Signature **Date**