

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 front AND back of this form entirely (every field must have an answer). If a field doesn't apply to you or your child, please mark "N/A" in that space.

Students not picked up by 3:30 p.m. (Monday, Tuesday, Thursday, and Friday) and 2:45 p.m. (Wednesday) will automatically check in to ESP.

Charges for ESP are as follows:

Registration: \$25.00 per child

Early Morning ESP (6:50-7:40am) fees: \$2.00 per child, per day

Weekly ESP fees:

\$54/1 child \$64/2 children

\$74/3 children

\$84/4 children

Drop-in Rates: \$20 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 ESP Charges are assessed through FACTS. Fees are charged on Monday for the previous week's ESP usage.

Please see the Parent/Student Handbook for detailed information regarding ESP.

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)

ST. JOHN THE EVANGELIST CATHOLIC SCHOOL STUDENT EMERGENCY INFORMATION/ESP REGISTRATION									
PLEASE COMPLETE <u>EACH</u> 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		FIR	ST NAME	T	MIDDL	E INITIAL			
ADDRESS				EMERGENCY	PHONE				
CITY	STATE & ZIP (STATE & ZIP CODE GA		COUNTY		GRADE			
BIRTHDATE	GENDER		HOME PHONE						
RELIGION				PARISH					
PHYSICIAN NAME				PHYSICIAN PHONE #					
ALLERGIES (PLEASE LIST)									
MEDICAL CONDITIONS									
SPECIAL MEDICATIONS (LIST)									
SPECIAL NEEDS SPECIAL ACCOMMODATIONS									
MENTAL HEALTH DISORDERS (EXPLAIN) DENTAL APPLIANCES (EXPLAIN)									
DEVELOPMENTAL DISABILITIES (EXPLAI	N)								
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 SHOU	LD BE TAKEN IF	PARENT	OR PHYSICIAN IS	S UNAVAILABLE	«Hospital»				
INSURANCE CO			POLICY #		GROUP#				
	P	ARENT IN	NFORMATION						
FATHER'S NAME MOTHER'S NAME									
LAST FIRST		MI	LAST	FIRST MI					
ADDRESS (If different)			ADDRESS (if different)						
HOME PHONE			HOME PHONE	HOME PHONE					
COMPANY NAME			COMPANY NAME						
ADDRESS			ADDRESS						
WORK#			WORK#						
CELL#			CELL#						
EMAIL			EMAIL	EMAIL					
CHILD MAINTENANCE									
CHILD'S LIVING ARRANGEMENTS CHILD'S LEGAL GUARDIAN									
CHILD MAY BE RELEASED TO THE PERSON(S) SIGNING THIS AGREEMENT OR TO THE FOLLOWING:									
NAME	RELATIONSHIP	ADDRE	SS			PHONE			
1									
2									
3									
4									
5									
If any emergency arises, the school will contact the student's mother or father. If neither parent can be reached, I give permission to 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 listed above. I will be responsible for the payment of all expenses incurred. I understand the ESP pay schedule on the back of this page, and I verify the above information to be correct and true.									

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| Parent or Guardian Signature | Date | Student Signature | Date | Date