



**ST. FRANCIS BORGIA**  
CATHOLIC SCHOOL

**St. Francis Borgia Childcare is designed to provide supervision and safety for your school-aged children in a Christian setting.**

**Our program is open to all school-aged children  
3 years old – 8<sup>th</sup> grade.**

**Hours of operation: 7:00am - 6:00pm**

**Summer hours: 7:30am - 5:30pm**

**Fees:           \$25.00 Registration fee  
                  \$5.50 per hour (contracted)  
                  \$6.00 per hour (un-contracted)**

**For more information, please call  
St. Francis Borgia Childcare at 262-377-4990**



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### ST. FRANCIS BORGIA 2018 SUMMER CHILDCARE PROGRAM REGISTRATION FORM

Child's Name \_\_\_\_\_ Grade (2017-18) \_\_\_\_\_  
Address \_\_\_\_\_  
City/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Father's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Child resides with (Check one) \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_  
Email \_\_\_\_\_

Days/ Sessions/ Times attending (Indicate times on all that apply)

	HOURS OF ATTENDANCE	ACTIVITY SCHEDULED
Monday	_____ - _____	Waterworks Monday
Tuesday	_____ - _____	Picnic "Parkarama"
Wednesday	_____ - _____	Library visit (+ \$7)
Thursday	_____ - _____	Gymnastic Academy (+ \$12)
Friday	_____ - _____	Discover Cedarburg (+\$7-15)

Please check one:

\_\_\_\_\_ **CONTRACTED** (Contracted fee will be set for entire summer based on days and times needed) **FINAL DAYS AND TIMES MUST BE TURNED IN BY 5/1/18**

\_\_\_\_\_ **UNCONTRACTED** (billed monthly for hours used UPON AVAILABILITY)

Start Date \_\_\_\_\_ Vacation Days \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this completed form, along with \$100.00 per child registration fee (\$75.00 will be applied toward summer childcare costs) to SFB Childcare.

Office use: Date received \_\_\_\_\_ Reg. Fee: Cash \_\_\_\_\_ Check # \_\_\_\_\_



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ST. FRANCIS BORGIA CHILDCARE EMERGENCY FORM

CHILD'S LAST NAME                      FIRST NAME                      MIDDLE

HOME ADDRESS                                      CITY/TOWN                      ZIP CODE

DATE OF BIRTH                      SEX                      HOME PHONE

PARENT/GUARDIAN FATHER:                      LAST NAME                      FIRST NAME

MOTHER:                      LAST NAME                      FIRST NAME

CHILD RESIDES WITH:     FATHER     MOTHER     BOTH

FATHER'S WORK NUMBER:                      CELL:                      \_\_\_\_\_

MOTHER'S WORK NUMBER:                      CELL:                      \_\_\_\_\_

DOCTOR'S NAME:                      PHONE:                      \_\_\_\_\_

DENTIST'S NAME:                      PHONE:                      \_\_\_\_\_

HEALTH CONCERNS: \_\_\_\_\_

NAME OF PERSON WHO HAS PERMISSION TO PICK UP YOUR CHILD:

NAME:                      PHONE:                      \_\_\_\_\_

NAME:                      PHONE:                      \_\_\_\_\_

NAME OF PERSON TO CALL IN CASE OF EMERGENCY(WILL CALL PARENTS FIRST)

NAME:                      PHONE:                      \_\_\_\_\_

NAME:                      PHONE:                      \_\_\_\_\_

IF, IN THE JUDGEMENT OF THE CHILDCARE STAFF, EMERGENCY TREATMENT IS REQUIRED, I AUTHORIZE MY CHILD TO BE TRANSPORTED BY AMBULANCE TO A HOSPITAL FOR TREATMENT. I ALSO UNDERSTAND THAT THE AMBULANCE DOES RESERVE THE RIGHT TO CONVEY THE PATIENT TO THE NEAREST CARE HOSPITAL OR THE HOSPITAL OF THEIR CHOICE, SHOULD THEY DEEM NECESSARY. I HEREBY AUTHORIZE THE PHYSICIAN AT THE HOSPITAL TO GIVE EMERGENCY TREATMENT TO MY CHILD.

DATE:                      SIGNED:                      \_\_\_\_\_



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## ST. FRANCIS BORGIA CHILDCARE TOILETING POLICY

In order to attend St. Francis Borgia Childcare children must be completely toilet trained.

Children must be able to:

- Communicate their need to use the bathroom facility.
- Undress, stand/seat themselves appropriately on the toilet, wipe themselves when finished, and redress.
- Flush the toilet, wash and dry their hands.

If a wetting accident occurs, the child may change themselves. A staff member will direct them into the bathroom with a wipe and their clothes in order to wash and change. If a child has a BM accident a staff member will contact the parent to come and wash and change their child, so that they may remain at childcare.

**State licensing and insurance guidelines prohibit extended childcare staff from assisting a child in any toileting responsibilities, washing or changing a child.**

I have read and understood the above statement.

Child's Name: \_\_\_\_\_  
(Please print)

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please sign and return to Childcare