



Saint John School of Little Canada

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2022-2023 Eagle Club Program Registration and Health/Emergency Form (program runs 6/13/22 - 8/26/22)

Child's First Name: _____ Last Name: _____ Home Phone: _____

Address: Street: _____ City: _____ Zip: _____

Birth Date: _____ Age: _____ Grade in Fall: _____ Gender: _____

Mom's First Name: _____ Mom's Last Name: _____

Mom's Cell Phone: _____ Mom's Work Phone: _____

Dad's First Name: _____ Dad's Last Name: _____

Dad's Cell Phone: _____ Dad's Work Phone: _____

Emergency Contacts

1st Contact: _____
Name City, Street, State, Zip

Cell Phone

Work Phone

Home Phone

Relationship to student

2nd Contact: _____
Name City, Street, State, Zip

Cell Phone

Work Phone

Home Phone

Relationship to student

Please list anyone who **DOES** have permission to drop off/pick up your child(ren) _____

Please list anyone who **DOES NOT** permission to drop off/pick up your child(ren) _____

2016 Eagle Club Summer Program - Registration and Health/Emergency Form (continued)

Child's Name: _____

Health Information

Doctor Clinic: _____

Dentist Clinic: _____

Address: _____

Address: _____

Doctor Name: _____

Dentist Name: _____

Phone: _____

Phone: _____

Hospital: _____

List Any Known Allergies to Food, Bee Stings, Etc: _____

List Any Other Health Problems or Concerns That We Should Know About: _____

List Any Medication Your Child Is Taking On A Regular Basis: _____

I grant Saint John School permission to act in an emergency when a parent cannot be reached or is delayed.

Parent Signature

Date

The Eagle Club Child Care Parent Information Document can be found on our website, sjolc.org, under the Child Care Tab. Go to bottom of the page and look for the Parent Information Document link. If you do not have access to our website, please contact the school office for paper copies.

I have read and agree to the Eagle Club Child Care Parent Information Document.

Parent Signature

Date