

# CRUSADER CARE REGISTRATION

**CHILDREN'S NAMES:**

**GRADE:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

We acknowledge receipt of the St. Francis de Sales Crusader Care Program Parent Handbook and have read the handbook and agree to follow all policies and procedures listed in the handbook as well as the St. Francis de Sales Student/Parent Handbook.

**PARENT NAME (PRINTED)**

\_\_\_\_\_

**PARENT SIGNATURE**

**DATE**

\_\_\_\_\_

\_\_\_\_\_

Please return this form with the  
Student Information form.  
**Registration fees must be paid online.**

### Student Information

Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Mother's Information

Name \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

### Father's Information

Name \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Work Phone # \_\_\_\_\_ Home Phone # \_\_\_\_\_

### Emergency Contact Information

Emergency Contact \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

List names, other than parents or legal guardians, who have permission to pick up your child(ren) from the Crusader Care program.

- |          |          |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

### Medical Information

Medical Conditions \_\_\_\_\_

Allergies \_\_\_\_\_

Physician \_\_\_\_\_

Phone Number \_\_\_\_\_

Grant Consent: In case of an emergency, I authorize emergency medical services(911) to treat, and, if necessary, to transport my child to the nearest hospital emergency room for treatment.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_