



# Guardian Angel Daycare

Skaggs Catholic Center  
300 E 11800 S  
Draper, UT 84020  
801-984-7135

## 2010 Infant, Toddler, PreK 3 & PreK 4 Summer Program

Children on daily rate will be billed at the end of the month for the days they attend and will not be charged through FACTS. We will be taking pictures of the children throughout the summer. These photos may be posted on our website, unless you specify, in writing, that you do not wish your child's photo(s) to be used. Others may be posted on our bulletin board.

_____			INF	TOD	PK3	PK4
Child's Last Name	First	MI	(Please Circle One)			
_____			_____			
Street Address			City	-	State	- Zip
_____			_____			
_____			Male	_____	Female	_____
Home Phone			Date of Birth			
_____			_____			
Legal Custodian			Ethnic Background			

**Mother:**

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell/Pager: \_\_\_\_\_

Religion: \_\_\_\_\_

Parish: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Father:**

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell/Pager: \_\_\_\_\_

Religion: \_\_\_\_\_

Parish: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Please indicate days attending:

<b>Half-Day Camp (7:30-11:30 Only)</b> <small>(This option is only available for PreK children)</small>	<b>Mon.</b>	<b>Tue.</b>	<b>Wed.</b>	<b>Thu.</b>	<b>Fri.</b>
--	-------------	-------------	-------------	-------------	-------------

<b>Full-Day Camp (7:30-5:30)</b>	<b>Mon.</b>	<b>Tue.</b>	<b>Wed.</b>	<b>Thu.</b>	<b>Fri.</b>
----------------------------------	-------------	-------------	-------------	-------------	-------------

**Please note:** Guardian Angel Daycare is a year round child care facility. Infants, Toddlers or Preschoolers that attend full time and would like the summer off, may save their space for a cost of 50% of the monthly fee per month. I give permission for the daycare to go on walks with my child, on campus, with prior notification, and save harmless the daycare and any and all of it's employees from any and all liability for any and all harm arising to my child for any loss of property.

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



# Guardian Angel Daycare

Skaggs Catholic Center  
300 E 11800 S  
Draper, UT 84020  
801-984-7135

## Emergency Information

**EMERGENCY CARE INFORMATION:** List **TWO local** relatives, neighbors, or friends to whom you delegate full authority and Temporary care of your child **IF YOU CANNOT BE REACHED IMMEDIATELY.**

NAME	RELATIONSHIP	TELEPHONE ( )	
ADDRESS	CITY / STATE	ZIP CODE	
NAME	RELATIONSHIP	TELEPHONE ( )	
ADDRESS	CITY / STATE	ZIP CODE	

In case of an emergency, I AUTHORIZE GUARDIAN ANGEL DAYCARE TO CALL THE PHYSICIAN LISTED OR ANOTHER IF HE/SHE CANNOT BE REACHED AND FOLLOW HIS/HER INSTRUCTIONS.

DOCTOR'S NAME	TELEPHONE ( )
ADDRESS	CITY
ALLERGIES	MEDICAL CONDITION

CHOICE OF HOSPITAL \_\_\_\_\_

<ul style="list-style-type: none"> <li>• I AUTHORIZE <i>GUARDIAN ANGEL DAYCARE</i> TO CALL AN AMBULANCE OR PARAMEDICS OR FIRE DEPARTMENT, AND TO FOLLOW THEIR INSTRUCTIONS.</li> <li>• <i>GUARDIAN ANGEL DAYCARE</i> DOES NOT ASSUME ANY RESPONSIBILITY IN THE ABOVE EMERGENCY PROCEDURES USED AND DOES NOT ASSUME PAYMENT FOR MEASURES TAKEN.</li> </ul>
PARENT OR GUARDIAN SIGNATURE _____ DATE MM DD YYYY / /

I hereby authorize the following individuals to sign my child out of the *Guardian Angel Daycare*:

\_\_\_\_\_ Minor ( ) Friend ( ) Family ( )

\_\_\_\_\_ Minor ( ) Friend ( ) Family ( )

\_\_\_\_\_ Minor ( ) Friend ( ) Family ( )

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

\_\_\_\_\_ Date