

SCHOOL AGE PROGRAM REGISTRATION

Child's name: _____
(last) (first) (middle)

School Attending: _____ Grade _____ Date of birth: ____ / ____ / ____

Service Needed: Before School / After School / Kindergarten Complement
(Circle all that apply)

Days and hours you would be here: _____

FAMILY INFORMATION:

Child lives with: Mother Father Other: _____
(check all that apply)

Child's address: _____
street city state zip code

Is either parent's access to the child restricted by a custody order? no yes
If yes, who? _____ Please supply a copy of the custody order to the center.

Father/male guardian name: _____ SSN: _____

Business address: _____

Mother/female guardian name: _____ SSN: _____

Business address: _____

Best email address to contact family: _____

Siblings (give ages) and others in household (relationship): _____

<div style="border: 1px solid black; padding: 5px; display: inline-block;">give area codes!</div>	Phone numbers: () _____	Mom	Dad	/ home	office	mobile	pager
	() _____	Mom	Dad	/ home	office	mobile	pager
	() _____	Mom	Dad	/ home	office	mobile	pager
	() _____	Mom	Dad	/ home	office	mobile	pager
	() _____	Mom	Dad	/ home	office	mobile	pager

CHILD'S MEDICAL AND DEVELOPMENTAL INFORMATION

List any chronic illnesses, disabilities, allergies (including food allergies), or conditions:

Does your child have a medical condition that may require emergency care? no yes

Will your child require special medical procedures while in child care? no yes

If YES to either question, please complete back of **EMERGENCY FORM**.

List any medications taken regularly: _____

If center will need to administer medications, complete **MEDICATION ORDER FORM**.

Child's medical provider:

Physician's name: _____ Phone: _____

Health Plan (PPO, HMO, other group) name: _____

Have there been any special influences on your child that we should know about, such as divorce, death in the family, child's or parent's hospitalization?

Have you had any concerns about your child's development?

Does your child have any fears? _____

How do you handle discipline at home? What usually causes your child to misbehave, and what is effective in handling problems?

EMERGENCY CONTACTS

We are not permitted by law to care for your child if he or she is sick. Please list two emergency contacts that we may call to pick up your child, should your child become ill and neither parent is reachable:

1. Name _____ Relation to child: _____

Daytime phone _____ Mobile phone: _____

2. Name _____ Relation to child: _____

Daytime phone _____ Mobile phone: _____

Authorization to Pick Up

Please list all persons in addition to the emergency contacts listed above who are authorized to pick up your child daily. Your child will not be released to anyone else without prior written permission. Include authorized parents.

1. Name _____ Relation to child: _____

Daytime phone _____ Mobile phone: _____

2. Name _____ Relation to child: _____

Daytime phone _____ Mobile phone: _____

****It is imperative that each family call and notify the center whenever your child is not attending his/her elementary school that day, or if there is any change in the time schedule due to a school-sponsored event.**

Parent's signature

Date

Parent's signature

Date