



**Registration Date** \_\_\_\_\_ **Registration Fee** \$40.00 **Session**

AM	FM
2 Day	_____
3 Day	_____
5 Day	_____

**Name** \_\_\_\_\_ **Sex** \_\_\_\_\_  
Legal First
Middle
Last

**Birthdate** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_

Mother or Guardian	Home Address	Home Phone
Work Place	Work Address	Work Phone
Father or Guardian	Home Address	Home Phone
Work Place	Work Address	Work Phone

**Brothers and Sisters (Name/Birthdate):**  
 \_\_\_\_\_  
 \_\_\_\_\_

**Person to Be Called in Emergency: (Please include daycare provider)**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
  
 Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**RELEASE FORM**

**SOURCE OF EMERGENCY TRANSPORTATION will always be ambulance**  
 (Broken fingers, minor cuts, etc., are not considered emergencies)

If I, \_\_\_\_\_, cannot be contacted immediately, I give my permission to the center staff to secure the needed emergency medical care, including prescribed dosage of syrup of ipecac, if indicated, for treatment of poisoning and/or emergency dental care.

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the school.

I hereby grant permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks.

\_\_\_\_\_  
**Signature and Date**  
 My child has the following (if any) allergies to food and/or medicine or any other conditions.