

SHARP Registration Form/Contract

Child's name: _____ Home phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Birth date: ____/____/____ Grade in Fall: ____ Child resides with: __Mother __Father __Both __Other

Parent/Guardian name: _____

Phone (home): _____ (work) _____ (cell) _____

Parent/Guardian name: _____

Phone (home): _____ (work) _____ (cell) _____

E-mail addresses: _____

Parent/Guardian's address if different from child's: _____

Persons NOT Authorized to pick up child: _____

Emergency Contacts & Pick-Up Authorization

The Parent/Guardian is authorizing the following people to be an emergency contact and authorized pick up for the child named above:

1. Name _____ Relationship to child: _____ Phone _____

2. Name _____ Relationship to child: _____ Phone _____

3. Name _____ Relationship to child: _____ Phone _____

Family Doctor _____ Phone _____

Family Dentist _____ Phone _____

Has child had any of the following, and if so, please explain:

__ Operations or serious injuries (date/s) _____

__ Chronic or recurring illnesses _____

__ Allergies or Asthma _____

__ Dietary restriction/s _____

__ Special needs / IEP _____

__ Yes __ No Is the child taking any medications? If yes, what? _____

Does your child have a communicable disease or condition which may prove to be a risk to others? __ Yes __ No

If yes, please explain: _____

Other Significant information about your child's behavior that would be helpful to know: _____

Parent/Guardian's Release of Liability and Authorization. If you agree, please initial after each statement.

I understand that *SHARP* assumes no responsibilities for injuries or illnesses which my minor child may sustain as a result of participating in *SHARP* childcare activities. Some of these activities may include, but are not limited to, jumping, climbing, running, or other activities that involve inherent risk. As the parent/guardian of this minor child, I recognize the inherent risk in these and other activities and hereby agree to release, discharge, indemnify and hold harmless *SHARP* for injury and accident occurring at or in the course of the hours of operation. In the event that my child needs immediate medical attention for injuries received while participating in *SHARP* activities, I authorize *SHARP* staff to give my child reasonable first aid, and to arrange for the transportation of my child to a health care facility for emergency services. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes _____.

I hereby acknowledge that *SHARP* will assume any parent of the child may pick up the child during the program unless there is pertinent court documentation on file at *SHARP* that indicates otherwise _____.

I hereby release all pictures of my child taken by *SHARP* for promotional purposes and programming materials _____.

I also understand that there is NO NURSE on staff monitoring ANY medical situation that may arise _____.

I have also carefully read and agree to all terms in the parent handbook _____.

Parent/Guardian Signature: _____ Date ____/____/____