

# 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 \_\_\_\_/\_\_\_\_/\_\_\_\_