REGISTRATION – EXTENDED DAY CARE 2024-2025

Name of Child_____ Date of Birth_____

Name of Child_____ Date of Birth_____

Name of Child_____ Date of Birth_____

Address_____

Email:_____

Home Phone_____ Grade:_____

Father's Name_____

Father's Work Phone_____ Father's Cell Phone_____

Mother's Name_____

Mother's Work Phone_____ Mother's Cell Phone_____

Child Resides With_____

Important: Please list the names of two reliable adults we may contact in case of an emergency and neither parent can be reached:

Name_____ Phone_____ Relation_____

Name_____ Phone_____ Relation_____

( ) Please check here if you included any other important information on the back of this form that would be helpful or valuable for us to know to keep your child happy, healthy, and content until he/she is back with you.

Please check one: Full Time_____ Part Time_____

There is always a possibility that a child may be injured or become seriously ill during the Extended Day Program and that we may be unable to reach the parents. Medical aid cannot be given to a child without his/her parent's consent. In an emergency, time can be vital. We would like to have your signature on file in case such an emergency occurs and we are unable to reach you immediately. We pray that it will never be necessary to use it.

Permission for Emergency Treatment

I give my permission for my child(ren),_____, in grade_____ to be transported to Riverview Medical Center for medical aid in the case of extreme emergency provided I cannot be contacted when the emergency occurs.

Please specify any allergy to Medication, Food, or Bee Sting_____

Child's Doctor_____ Phone_____

Parent's Signature_____ Date_____