

Registration Form

Please print clearly with blue or black ink.

Child's Full Name: _____ Birth Date: _____	
Address: _____ Home Phone: () _____	
City: _____ State: _____ Zip Code: _____	
Nickname: _____ Social Security #: _____	
Mother's Full Name: _____ Home Phone: () _____	
Address: _____ Social Security #: _____	
City: _____ State: _____ Zip Code: _____	
Occupation: _____ Work Phone: () _____ ext. _____	
Name of Employer: _____ Cellular Phone: () _____	
Business Address: _____ City: _____	
Work Hours: _____ Driver's License # _____	
Father's Full Name: _____ Home Phone: () _____	
Address: _____ Social Security #: _____	
City: _____ State: _____ Zip Code: _____	
Occupation: _____ Work Phone: () _____ ext. _____	
Name of Employer: _____ Cellular Phone: _____	
Business Address: _____ City: _____	
Work Hours: _____ Driver's License # _____	

Parent/Guardian with legal custody _____

Parents are: Married ___ Living Together ___ Divorced ___ Separated ___ Widowed ___ Single ___



Other Household Members:

Names: _____ Ages: _____ Relationships _____

Names: _____ Ages: _____ Relationships _____

Names: _____ Ages: _____ Relationships _____

Emergency Contacts

Primary Emergency Contact (other than parents or guardian) _____

Home Phone: _____ Work Phone: _____

Relationship to Child: _____

Address: _____

Secondary Emergency Contact (other than parents or guardian) _____

Home Phone: _____ Work Phone: _____

Relationship to Child: _____

Address: _____

Person (s) authorized to pick up my child: (Besides parents, guardians, or emergency pick-ups)

Name: _____ Comment _____

Name: _____ Comment _____

Kid Code: _____ (*Secret word between parent & child for identification and pick up*)

Person (s) **NOT** authorized to pick up my child: (Besides parents, guardians, or emergency pick-ups)

Name: _____ Comment _____

Name of other school child attends: _____ Phone: _____

Emergency Release

Consent to Emergency First Aid & Transportation:

I hereby give permission that my child, _____, may be given emergency treatment by a staff member at S D D & P. I also give permission for my child to be transported by car, ambulance, or Aid car to an emergency center for treatment, and agree to hold _____ and its employees harmless.

Parent's Signature _____ Date: _____

Consent to Medical Care and Treatment:

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician, and hold _____ and its employees harmless.

Parent's Signature _____ Date: _____

Emergency Information

1. Child's Physician: _____ Phone: () _____
2. Preferred Hospital: _____ Phone: () _____
3. Insurance Company: _____ Policy #: _____
4. Regular Medications: _____
5. Blood Type: _____
6. Medicine allergic to: _____
7. Food Allergies: _____
8. Any other Allergies: _____
9. Any special health conditions: _____

Persons signing contract are responsible for payment:

I understand this is a legally binding contract, and I have read it and understand it.

Parent/Guardian (Mother) _____ Parent/Guardian (Father) _____

