

Emergency Registration Information



Child's Name _____ Birth Date _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____

To serve your child better in case of an accident or sudden illness, it is necessary that you furnish the following information for emergencies.

Mother's Name _____ Work Phone _____ Cell Phone _____

Father's Name _____ Work Phone _____ Cell Phone _____

Please list two neighbors/relatives who will assume temporary care of your child if you can not be reached.
(Please update if circumstances should change)

Name _____ Work Phone _____ Cell Phone _____

Mother's Name _____ Work Phone _____ Cell Phone _____

PLEASE LIST ANY HEALTH CONDITIONS SUCH AS HEART CONDITIONS, DIABETES, SEVERE ALLERGIES, EYE OR EAR PROBLEMS, OR ANY CHRONIC CONDITION.

Child's Physician _____ Phone _____

Preferred Hospital _____

I, the undersigned, do hereby authorize the personnel of Children, Inc. (SAS) to contact directly the persons named on this form, and do authorize the named physician to render such treatment as deemed necessary in an emergency for the health of said child.

In the event the physician or other persons named on this form cannot be contacted, The Site Director/Supervisor, are hereby authorized to take whatever action is deemed necessary, in their judgement, for the health of the child. I will not hold Children, Inc. (SAS) financially responsible for the emergency care and/or transportation of said child.

Signature of Parent/Guardian _____ Date _____

Authorization to Release Form



Child's Name _____

I authorize the staff of Children, Inc. (SAS) to release my child/ren from the School Age program at _____ to the following people over 18 years of age:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

I understand that should it be necessary for anyone else to pick up my child from the _____ program, I must send written authorization with my child. I also understand that anyone else picking up my child may be asked for identification to verify their authorization.

Signature of Parent/Guardian

Date

Parent/Guardian Handbook Policy Agreement

Please sign the following document and return it to the Site Director of the program your child attends after thoroughly reading the Family Handbook.

My child is enrolled at _____

My children's names are: _____

I, the undersigned, hereby _____ consent _____ do not consent to the reproduction, publication and other use of photographs, or cinematic imagery or voice of myself and/or my child by Children, Inc. or affiliated organizations in newspapers, TV stations, non-profit agencies or other organizations or businesses and without monetary compensation.

Please initial the following:

- I have received a copy and have read and understand the School Age Services Family Handbook and agree to abide by the policies.
- I agree to keep School Age Services informed of any changes in phone numbers and contact persons with the knowledge that this is for my child's safety.
- I understand that all paperwork: Authorization to Release, Emergency Registration Information and a **current Immunization Form**, be completed and returned within 5 days of enrollment. Failure to return required paperwork will result in disenrollment of your child. This paperwork is a licensing mandate.
- I understand that tuition is due on Monday of each week and agree to pay on time.
- I understand that I pay for the number of days I register for, regardless of whether my child attends. For exceptions see page 4.
- I have read and understand the Inclement Weather Policy and understand that I am required to pay for snow day closings and 1 hour delays.
- I understand that Children, Inc. is inclusive of all children, regardless of race, religion, physical or mental limitations, however, children enrolled must be able to cooperate in a group situation, per 922.KAR 2:120 Section 1, to ensure the safety of all children.
- I understand that I should save all receipts for tuition payment as Children, Inc. does not issue financial statements.

Signed _____ Date _____