

# A PLACE TO GROW TOO

## Registration Form

Child's Name: \_\_\_\_\_ D/O/B: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Enrollment/Start Date: \_\_\_\_\_

Does child live with:  both Parents;  Mom;  Dad;  Other \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Employer's Name and Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Employer's Name and Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any allergies and symptoms your child may have:

\_\_\_\_\_

Do we have permission to contact another physician in an emergency, if we cannot reach the physician designated?  Yes  No Initial \_\_\_\_\_

May we call 911 in case of an emergency to be transported by ambulance and receive medical attention at the nearest hospital?

Yes  No Initial \_\_\_\_\_

May we transport your child ourselves to the nearest hospital or fall-out shelter in case of an emergency by car or van?  Yes  No Initial \_\_\_\_\_

Are there any special circumstances, which we need to be aware of should an emergency arise (e.g., religious objections, etc.)?

Yes  No Initial \_\_\_\_\_

Please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency Contacts:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

I authorize the following people to pick up my child from A Place To Grow Too:  
(I understand that I have to notify the Director in writing or by phone, if someone from the pickup list will get my child and that he/she needs to show positive identification.)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

- I give permission to the Director or person in charge to take whatever steps necessary to ensure the safety of my child in an emergency or to obtain medical care as described in the Parent Handbook.
- I give permission for any staff member, who is certified in Pediatric First Aid/CPR, to apply First Aid/CPR to my child, when needed.
- I give permission for my child to be included in evaluations and/or photographs connected with the program.
- I give permission for my child to participate in all activities and use all play equipment involved in the program.
- I understand that A Place To Grow Too or any employed staff member will not be responsible for any accident, injury or mishap that occurs due to information not being updated by the parent or guardian.
- I understand that my child's file will always be maintained on the premises; only for the purpose of walks, field trips or in case of an emergency will my child's file leave the premises.

Either Parent/s or Legal Guardian/s must sign:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director: \_\_\_\_\_ Date: \_\_\_\_\_