

A PLACE TO GROW

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:
(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 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: _____