

**2011-2012
CARES REGISTRATION AND EMERGENCY CONTACT FORM**

CHILD'S FULL NAME:	GRADE:
CHILD'S FULL NAME:	GRADE:
CHILD'S FULL NAME:	GRADE:

FATHER'S FULL NAME:
MOTHER'S FULL NAME (MAIDEN):
ADDRESS:
PHONE NUMBERS:
HOME:
WORK:
CELL:

THE FOLLOWING PERSON(S) MAY NOT PICK UP MY CHILD/CHILDREN: (USE BACK OF FORM IF NECESSARY)

NAME:
NAME:

ILLNESS / ACCIDENT / LEAVING CARES PREMISES: IN THE EVENT OF A SERIOUS ILLNESS OR ACCIDENT, WHEN PARENTS OR LEGAL GUARDIAN CANNOT BE REACHED, I WISH ONE OF THE FOLLOWING PERSONS BE NOTIFIED BY TELEPHONE. THEY ARE AUTHORIZED TO ACT IN MY ABSENCE, AND THEY WILL HAVE BEEN NOTIFIED BY ME. THEY MAY ALSO RELEASE MY CHILD FROM CARES:

NAME:
RELATIONSHIP TO CHILD:
PHONE NUMBER:
NAME:
RELATIONSHIP TO CHILD:
PHONE NUMBER:

ALLERGIES: (MEDICATIONS, FOODS, BEE STINGS)

MEDICAL INFORMATION:

FAMILY DOCTOR NAME:
TELEPHONE NUMBER:

IF MYSELF OR ONE OF THE ABOVE NAMED PERSONS CANNOT BE REACHED, I WISH MY CHILD BE TAKEN TO THE HOSPITAL EMERGENCY ROOM; AND ONE OF THE ABOVE NAMED DOCTORS TO BE NOTIFIED.

SIGNATURE OF PARENT/PARENTS/LEGAL GUARDIAN

DATE

CARES Registration Fee: \$40/Family / CARES Fee: \$8.00/hour/child