

**TOWN OF SCRIBA
SCHOOL AGE CHILD CARE PROGRAM
REGISTRATION FORM**

NAME: _____ AGE: _____

DATE OF BIRTH _____ MALE _____ FEMALE _____

ADDRESS: _____

PARENT/GUARDIAN: _____

HOME PHONE: _____ WORK PHONE: _____

Name of responsible adult to be contacted in the event the parent cannot be reached for permission and/or advice.

NAME: _____ PHONE: _____

ADDRESS: _____ RELATIONSHIP: _____

Who will be responsible for picking your child/children up in the P.M.?

NAME: _____ HOME PHONE: _____

Please check the times that your child will attend:

A.M. _____ P.M. _____ Both A.M. and P.M. _____

Drop off time: _____ Pick up time: _____

Summer session: Drop off time: _____

Pick-up time: _____

Today's Date: _____

HEALTH HISTORY (check where applicable)

Heart Defect/Disease_____ Asthma_____

Convulsions_____ Allergies_____ (specify)

Diabetes_____ Any other we should know about_____

OPERATIONS OR SERIOUS INJURIES (DATES)_____

CRONIC OR RECURRING ILLNESSES_____

NAME OF FAMILY PHYSICIAN_____ PHONE_____

NAME OF DENTIST_____ PHONE_____

DATE OF LAST TETANUS SHOT_____

DO YOU CARRY MEDICAL INSURANCE?_____

CARRIER_____

THIS HEALTH HISTORY IS CORRECT AS FAR AS I KNOW AND THE PERSON THERIN HAS PERMISSION TO ENGAGE IN ALL PROGRAM ACTIVITIES, EXCEPT AS NOTED BY THE PHYICIAN OR ME. IN THE EVENT I CANNOT BE REACHED IN AN EMERGENCY, I HERBY GIVE PERMISSON TO THE PYHSICIAN AND/OR CHILD CARE PROVIDER TO HOSPITALIZE, SECURE PROPER TREATMENT FOR, AND TO ORDER INJECTION AND/OR ANESTHESIA AND/OR SURGERY FOR MY CHILD. I GIVE THE SCRIBA SCHOOL AGE CHILD CARE PERMISSION TO ARRANGE EMERGENCY TRANSPORTATION FOR MY CHILD. I UNDERSTAND THAT EVERY PRECAUTION IS TAKEN AND DO HERBY RELEASE THE SCRIBA SCHOOL AGE CHILD CARE AND IT'S DIRECTORS, AGENTS AND EMPLOYEES OF ALL RESPONSIBILITY AND LIABILITY FOR LOSS OR INJURY TO HIS/HER PERSON OR PROPERTY.

Signature parent/guardian

Date