

Two Rock School Childcare Program Registration Form

A SEPARATE FORM MUST BE COMPLETED AND RETURNED FOR EACH CHILD, ALONG WITH THE APPROPRIATE REGISTRATION FEE.

Student's Name _____

Date of Birth _____

Address _____

Phone _____

Grade _____

Email: _____

Adults with whom child is living:

Name

Relationship

Work Phone

Employer

Name

Relationship

Work Phone

Employer

Additional persons who are authorized to pick up child from Two Rock School Childcare Program or who can be called in case of an emergency:

Name

Address

Phone

Relationship

Does your child have allergies or special needs? Please explain.

Physician to be called in case of an emergency:

Name

Address

Phone

Two Rock School staff members have my permission to render necessary first aid and to authorize any physician to perform required medical treatment. Only in case of extreme emergency as determined by a physician would emergency medical treatment be given without contacting the child's parent or guardian.

Signature of Parent/Guardian

Date

REGISTRATION FEE MUST BE INCLUDED WITH THIS FORM

_____ \$40.00 (First Child)

_____ \$30.00 (Second Child)

_____ Additional Child (No Fee)