

HAWKLET'S

2009-2010 REGISTRATION FORM

CHILD

Last Name: _____	
First Name: _____	Middle Name: _____
Birth Date: _____	Start Date: _____
Names of Siblings and Grades:	

PARENTS/GUARDIANS

(1) Last Name: _____	
First Name: _____	
Relationship to Child: _____	
Address: _____	
Home Phone: _____	Cell: _____
Employer: _____	Work #: _____
(2) Last Name: _____	
First Name: _____	
Relationship to Child: _____	
Address: _____	
Home Phone: _____	Cell: _____
Employer: _____	Work#: _____

Emergency Contact Name: _____
Relationship to Child: _____
Home Phone: _____ Other # _____

AUTHORIZATION FOR PICK UP

Your child will only be released to an authorized person listed on this form (parent/guardian and/or emergency contact). In case of an emergency or an unforeseen circumstance, please indicate the name, address, and phone number of any other person(s) who you authorize to pick up your child on your behalf.

Name	Address	Phone
<hr/>		

A parent/guardian's authorization for pick up must be received before your child will be released to anyone not listed here. If not received, and we cannot notify parent/guardian by phone, the child will not be released.

Person(s) NOT authorized to visit or pick up your child:

MEDICAL INFORMATION

Doctor: _____ Office Phone: _____

Medical Coverage: _____

Medical Ins. #: _____

Allergies/Medical Problems: _____

Note: No medications will be administered during before or after school programs.

IMMUNIZATION: You are required to have your child's recent immunization records in the school files.

EMERGENCY CONSENT: It is our policy to notify a parent/guardian when a child is ill or needs medical attention. Occasionally, we cannot contact a parent/guardian and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.

Please sign below so that we can take appropriate action on behalf of your child.

I HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD:

WHEN INJURED/ILL, TO BE TAKEN TO THE NEAREST EMERGENCY CENTER BY THE STAFF OF MY CHILD'S BEFORE/AFTER SCHOOL PROGRAM WHEN I/WE CANNOT BE CONTACTED. I CONSENT TO AN AMBULANCE BEING CALLED TO TRANSPORT THE CHILD, IF NECESSARY.

(1) Parent/Guardian Signature:

(2) Parent/Guardian Signature:

Date: _____

I HAVE READ AND AGREE TO THE POLICIES AND PROCEDURES FOR PARTICIPATION IN THE HAWKLET'S NEST BEFORE AND AFTER SCHOOL PROGRAMS.

(1) Parent/Guardian Signature: _____

(2) Parent/Guardian Signature: _____

Date: _____

[REDACTED]