

Kid's Corner Registration Form

Name of Child _____ Date _____

Teacher _____ Grade Level _____

School Child Attends _____ Sex: Male _____ Female _____

Parent or Guardian:

Name of Father _____ Home Phone _____

Password _____ Cell Phone _____

Home Address _____

Employed By _____ Work Phone _____

Name of Mother _____ Home Phone _____

Password _____ Cell Phone _____

Home Address _____

Employed By _____ Work Phone _____

Child lives with: Father _____ Mother _____ Both _____ Other _____

EMERGENCY CONTACTS and Others who may pick up my child(ren):

1. Name _____ Phone # _____

Address _____ Relationship _____

2. Name _____ Phone # _____

Address _____ Relationship _____

3. Name _____ Phone # _____

Address _____ Relationship _____

****NOTE: Your password is necessary for security – to identify that you are the parent when you call for your child.**

Please share any additional information that you feel would be useful in providing for your child's needs/health concerns _____

e-mail Address _____

Emergency Medical Information

Child's Name: _____

Child's Medical Condition:

Child's Physician: _____

Address _____

Office Number _____ Other # _____

Health Insurance Info:

Insurance Co. _____ Policy ID # _____

Policy Holder _____

Please be advised that during Kid's Corner hours of operation there may not be a nurse in the building. Kid's Corner personnel can not administer medications to any student. In case of a serious emergency Kid's Corner personnel will call 911. If emergency medical care is deemed necessary and I cannot be contacted I authorize the program staff to act on my behalf in granting permission for my child to receive emergency treatment. I understand that in a severe emergency, my Child will be taken by ambulance to the nearest hospital.

Parent's Signature

Date