

# Registration/Emergency Information Card

Child's Name: _____	Birth: _____	Grade: _____	<u>Gender</u>
			M    F
Child's Name: _____	Birth: _____	Grade: _____	M    F
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Child's Name: _____	Birth: _____	Grade: _____	M    F

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Group #: \_\_\_\_\_

*In case of emergency, I give permission for my child to be treated by medical personnel.*

**Yes or No Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please list any allergies or medical concerns that your child has:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Please list an emergency contact person incase you are unable to be reached in an emergency:*

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

***Please list any persons authorized to pick up your child(ren) from Surround Care.***

*Please notify them that Surround Care staff will check ID's if we don't know them.*

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

***Please check the sessions that your child(ren) will attend.***

Morning : 7:00-7:30am

3K : 11:00am-3:00pm

After-school : 3:00-6:00pm  
*(including early release days)*



**PARENT ACKNOWLEDGEMENT AND CONSENT OF HANDBOOK**

I have received and read the handbook. I understand that the handbook describes important information about St. Paul's Lutheran School Surround Care and agree that I will abide by the terms spelled out within.

\_\_\_\_\_  
 Parent Signature

\_\_\_\_\_  
 Date