

WATERFORD SCHOOLS CHILD CARE SERVICES
Registration/Emergency/Health Form
2011/2012 School Year

A yearly per child or family non refundable Registration Fee is due at the time of enrollment.
OFFICE USE ONLY
 \$50.00 child _____
 \$75.00 family _____
 Initial _____ date _____

Child Information

Child's First Name:		Teacher:	
Child's Last Name:		Room #:	
Male or Female:		Grade entering:	
Date of Birth:		Enrollment Date:	
Child Care Site Attending:		Elementary School Attending :	
Are there siblings at another site? Site name:		Emergency/Holiday Site:	Stepanski
Siblings name(s):			

Parent Information

	Custodial Parent/Guardian	Parent/Guardian 2
First Name:		
Last Name:		
Address:		
City/State/Zip:		
Home Phone #:		
Email Address:		
Cell:		
Employer:		
Employer Address:		
City/State/Zip:		
Work Phone #:		
Work Hours:		

Emergency/Health Information on back

Emergency Information

	Local Contact (other than parent)	Local Contact 2 (other than parent)
Name:		
Address:		
City/State/MI:		
Home Phone #:		
Work Phone #:		
Relationship:		

	Name (other than parent)	Phone#
Authorized Pickup 1:		
Authorized Pickup 2:		
Authorized Pickup 3:		
Relationship		

Custody Restrictions (must include documents)	Yes	_____	No	_____
If yes please describe:				

Health Information

Dr. Name:		Dr. Phone:	
Dr. Address:		Insurance Co:	
Hospital:		Policy#:	
Allergies/Special Needs:		Medications:	
Any Physicals Restrictions			

I hereby give my permission to: **THE WATERFORD SCHOOL DISTRICT CHILD CARE** licensed by the **State of Michigan Department of Human Services Bureau of Children and Adult Licensing**, to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care. Non emergency medical treatment or elective surgery is not included in this authorization.

Parent/Guardian Signature _____ Date: _____

Has attended a Waterford School District Child Care previously? YES NO