

**WATERFORD SCHOOLS
CHILD CARE SERVICES
Registration/Emergency/Health
Form
SUMMER 2010**

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		Holiday Site	
Siblings name(s)			

Parent Information

	Custodial Parent/Guardian	Parent/Guardian 2
First Name:		
Last Name:		
Address:		
City/State/Zip:		
Home Phone #:		
Email Address:		
Cell/Pager #:		
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 Pickup1:		
Authorized Pickup2:		
Authorized Pickup3:		
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 Please describe	

I hereby give my permission to: THE WATERFORD SCHOOL DISTRICT CHILD CARE licensed by the State of Michigan Family Independent Agency, 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 _____