

**WATERFORD SCHOOLS  
CHILD CARE SERVICES  
Registration/Emergency/Health Form  
2010/2011  
Dandi Lions  
Child Information**

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

**Parent Information**

	Custodial Parent/Guardian	Parent/Guardian 2
First Name:		
Last Name:		
Address:		
City/State/Zip:		
Home Phone #:		
<b>Email Address:</b>		
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		

<b>Custody Restrictions (must include documents)</b>	Yes	_____	No	_____
<b>If yes please describe:</b>				

## 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 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: \_\_\_\_\_