

Stay and Play Registration 2018-2019

Please print all information

Family Name: _____

Parent's (Guardian) Names: _____

Students Attending & Grade Level: _____

Emergency Contacts

Name & Phone Number:

1. _____

2. _____

3. _____

4. _____

People Authorized to Pick Up Your Child(ren)

****Those listed should be prepared to show valid identification if asked.**

1. _____

2. _____

3. _____

4. _____

5. _____

EMERGENCY MEDICAL SITUATION CONSENT:

In the event of a critical medical emergency, the staff of Stay and Play has my permission to phone 911 and if necessary, send the child by ambulance to the nearest medical facility. The emergency physician has my permission to render emergency care.

Parent Signature: _____ Date: _____

BEHAVIOR CODE ACKNOWLEDGEMENT:

I have read the attached Behavior expectations and will abide by them.

Parent Signature: _____ Date: _____