

Stay and Play Registration

Family Name: _____

Parent's (Guardian) Names: _____

Students Attending & Grade Level: _____

Emergency Contact Numbers

Name & Number:

1. _____

2. _____

3. _____

4. _____

People Authorized to Pick Up Your Child(ren)

1. _____

2. _____

3. _____

4. _____

5. _____

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

Please indicate the days you anticipate your child(ren) to attend Stay & Play during the 2019-2020 school year. This information will help us ensure the appropriate staffing support for each day.

Monday _____

Thursday _____

Tuesday _____

Friday _____

Wednesday _____

every day of the week _____

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: _____

Student Signature(s): _____