

# Stay and Play Registration 2024-2025

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 2024-2025 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: \_\_\_\_\_

Student Signature(s): \_\_\_\_\_