

Care Required
Before Kinder After



**Fairfield Gonzales Community Association
Out-of-School Care Registration Form
2009-2010**

Fairfield Community Place Margaret Jenkins Sundance

Date: _____ Child's Full Name: _____

Gender: _____ Date of Birth (y/m/d): _____

FAMILY INFORMATION: Parents/Guardians with LEGAL CUSTODY

Parent/Guardian: _____ Home #: _____ Cell: _____

Home Address: _____ Postal Code: _____

Place of Work: _____ Hours of Work: _____ Work #: _____

Parent/Guardian: _____ Home #: _____ Cell: _____

Home Address: _____ Postal Code: _____

Place of Work: _____ Hours of Work: _____ Work #: _____

NOTIFICATION:

Which parent/guardian will be the main contact for administrative purposes?

Name: _____

E-mail Address: _____

Person's not permitted access to the child:

Are there custody orders? ___ Yes ___ No If yes, attach documentation

Name: _____ Phone: _____ Relationship to child: _____

Name: _____ Phone: _____ Relationship to child: _____

LOCAL EMERGENCY CONTACTS:Persons, other than parents/guardians, who are authorized for pick up

Name: _____ Relationship to child: _____

Phone#: _____ Work #: _____ Cell #: _____

Name: _____ Relationship to child: _____

Phone#: _____ Work #: _____ Cell #: _____

Name: _____ Relationship to child: _____

Phone#: _____ Work #: _____ Cell #: _____

CONFIDENTIAL MEDICAL & PERSONAL INFORMATION:

Personal Health Number	Name	Phone #	Address
Family Doctor			
Family Dentist			

 I have attached a photocopy of my child's immunization record. We choose not to immunize our child. _____*Signature of Parent/Guardian***COMMENTS OR INSTRUCTIONS FOR CARE GIVER** (Check off where appropriate) Food Dislikes Special Eating Habits Vision or Hearing Problems

Comments:

 Medication: _____ Allergies: _____ Special Instructions from Parent or Health Care Professional Care Plan

Indicate Behavioral, Medical Disabilities or Illnesses your child may have:

Major changes child has experienced (i.e. divorce, separation, recently moved, death in the family):

Child's swimming experience: Please circle

Has your child had lessons? Yes No

Level completed: _____

My child must wear a life jacket at all times: Yes No

My child must wear a life jacket in the deep end only: Yes No

Permission to go in the deep end: Yes No

Comments: _____

(For your child's safety, they will be asked to complete a swim test by pool staff.)

CONSENT AND AGREEMENT:

I understand that reasonable safety precautions will be taken by the staff however; children may incur injuries even when supervised. In the event that my child becomes injured while in attendance at the program, I waive any liability to the Fairfield Gonzales Community Association and program staff.

Parent/ Guardian Initial

I hereby give my consent for a staff member to administer first aid to my child in the case of accident or illness.

Parent/ Guardian Initial

I hereby give my consent for a staff member to call a medical practitioner or ambulance for my child in the case of accident or illness. Any expenses incurred in such an event are solely my responsibility.

Parent/ Guardian Initial

I hereby give my consent for my child to go on field trips with the Out of School Care, and to be transported by public transportation, rental bus, or on foot. I understand that every precaution and safety measure will be taken, and waive any liability to the Fairfield Gonzales Community Association and program staff.

Parent/ Guardian Initial