

Registration/Emergency Information Card

Child's Name: _____ Birth Date: _____ Grade: _____ Sex: M F
 Child's Name: _____ Birth Date: _____ Grade: _____ Sex: M F
 Child's Name: _____ Birth Date: _____ Grade: _____ Sex: M F
 Child's Name: _____ Birth Date: _____ Grade: _____ Sex: M F
 Address: _____ Email address: _____

Father: _____ Employer: _____ Work Phone: _____
 Cell Phone: _____
 Mother: _____ Employer: _____ Work Phone: _____
 Cell Phone: _____



I plan on using these sessions for my Child(ren) please circle desired usage:

7:00-7:30am	Sporadically	Frequently	Daily
11:00am-3:00pm	Sporadically	Frequently	Daily
3:00-6:00pm	Sporadically	Frequently	Daily

Insurance Company: _____ Group # _____ Phone: _____
 Family Doctor: _____ Doctor Phone: _____
 Family Dentist: _____ Dentist Phone: _____

Please list any allergies or medical concerns your child has:

In case of emergency, I give permission for my child to be treated by medical personnel. YES or NO

Parent's signatures: _____ Date: _____

Please list an emergency contact person in case you are unable to be reached during an emergency with your child(ren).

Name: _____ Home Phone: _____ Cell Phone: _____
 Address: _____ Relationship to child(ren): _____

Please list any persons who are authorized to pick up your child(ren) from Surround Care.

Please notify them that the Surround Care staff will check IDs if we do not know them.

Name: _____ Phone: _____ Relationship to child(ren): _____
 Name: _____ Phone: _____ Relationship to child(ren): _____
 Name: _____ Phone: _____ Relationship to child(ren): _____
 Name: _____ Phone: _____ Relationship to child(ren): _____