

## Registration/Emergency Information Card

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: M F  
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 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:**

6:00-7:30am	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): \_\_\_\_\_