



Surround Care Emergency / Registration Form

Child Name _____ Birth Date _____ Grade _____ Gender M F

Please check the session this child will attend.

☐ Morning: 7:00-7:30am ☐ 3K: 11:00am-3:00pm ☐ After-school: 3:00-6:00pm
(early release days 1:00-6:00pm)

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Address _____ Email _____

Father _____ Employer _____

Cell Phone _____ Work Phone _____

Mother _____ Employer _____

Cell Phone _____ Work Phone _____

Insurance Company _____ Group # _____

In case of emergency, I give permission for my child to be treated by medical personnel.

Yes or No Parent's Signature: _____ Date: _____

Please list any allergies or medical concerns your child(ren) has:

Please list an emergency contact person incase you are unable to be reached:

Name _____ **Phone** _____

Relationship to child(ren) _____

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

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

Name _____	Cell Phone _____	Relation: _____
Name _____	Cell Phone _____	Relation: _____
Name _____	Cell Phone _____	Relation: _____
Name _____	Cell Phone _____	Relation: _____

If you have a child or children using 3K Surround Care:

Please indicate what schedule your 3K child will attend the 3K Surround Care session:

☐ **Mon-Fri**

☐ **Mon, Wed & Fri**

☐ **Tues & Thurs**

Please indicate what payment schedule you would like for 3K Surround Care:

☐ **Yearly**

☐ **Weekly**

☐ **Monthly**



PARENT ACKNOWLEDGEMENT AND CONSENT FORM

I have received and read this handbook. I understand that this book describes important information about St. Paul's Lutheran School Surround Care and agree that I will abide by the terms spelled out within.

Parent Signature

Date

Parent Name Printed