



DISCOVERY CLUB PROGRAM 2019-2020

REGISTRATION AND EMERGENCY INFORMATION FORM

****WE MUST HAVE A FORM ON FILE BEFORE YOUR CHILD CAN ATTEND THESE PROGRAMS****

Student's Full Name _____ Grade _____
Address _____ Telephone _____

Which days will your child attend our program? (Please Circle)

Discovery Club AM: M Tu W Th F Occasional

Approx. pick-up time _____

Indicate where parent/guardians can be reached while child is in care:

Mother's Name: _____ Father's Name: _____
Place of Employment: _____ Place of Employment: _____
Address: _____ Address: _____

Phone #: _____ Hours: _____ Phone #: _____ Hours: _____
Additional Phone #: _____ Additional Phone #: _____

Emergency Contact Person: Please list someone with whom you would feel comfortable leaving your child and who would assume responsibility for your child if you could not be reached immediately in an emergency, or if for some reason you could not pick up your child.

Name: _____ Relationship: _____

Address: _____

Phone #: _____

Non-emergency alternate pick-up persons: For your child's safety, please complete a list of people you have approved to pick up your child from our Extended Care Program.

WE WILL NOT ALLOW YOUR CHILD TO GO HOME WITH ANYONE WHO IS NOT ON THE LIST.

Mother: _____ Father: _____

Alternate 1:

Name: _____ Relationship: _____

Address: _____ Phone #: _____

Alternate 2:

Name: _____ Relationship: _____

Address: _____ Phone #: _____

MEDICAL INFORMATION

List any chronic conditions, allergies or medications that could be important in case of sudden illness or injury. Also list food allergies. _____

Child's Primary Care Physician: _____ Tel: _____

Physician's Address: _____

Please notify us if any of the above information changes during the school year.

Parent's Signature: _____ Date: _____