Created: August 2016

Eagles Nest Before & After School Care

REGISTRATION PACKAGE

Child's Name:_________________________ Child's Preferred Name:__________________
Date of Birth:__________________________ Gender: M___ F___
Resides with: Both Parents___ Mom___ Dad___ Other___(please specify)____________
Mother's Name:_____________________ Father's Name:__________________________
Mother's Address:___________________ Father's Address:________________________
Legal Land Location:_________________ Legal Land Location:______________________
(Must be provided if you don't have a street address)
Mother's Home Phone:_______________ Father's Home Phone:___________________
Mother's Cell Phone:_________________ Father's Cell Phone:______________________
Mother's Work Phone:________________ Father's Work Phone:_____________________
Mothers Email:______________________ Father's Email: ________________________

1. PLEASE LIST AN EMERGENCY CONTACT IN THE CASE THAT THE PARENTS CANNOT BE REACHED:

Name:_____________________________ Home Phone:______________________
Cell Phone:_________________________ Address:__________________________
OR Legal Land Location:____
(Must be provided if you don't have a street address)
Relationship to Child:____

2. LIST ANYONE NOT <u>LEGALLY</u> ALLOWED ACCESS TO YOUR CHILD
(IE:CUSTODY AGREEMENTS)

Name:___________________________ Relationship to Child:____________________

3. LIST OTHER PEOPLE AUTHORIZED TO PICK UP YOUR CHILD
(OTHER THAN PARENTS)

Name:_____________________________ Relationship to Child:____________________
Home Phone:_____________________ Cell Phone:______________________________
Name:_____________________________ Relationship to Child:____________________
Home Phone:_____________________ Cell Phone:______________________________

4. LIST ANY ALLERGIES THAT YOUR CHILD HAS:_____________________________
(please fill out the **Allergy Instructions Form** in this package)

5. LIST ANY MEDICAL CONDITIONS THAT YOUR CHILD HAS:___________________
____
(please fill out the **Medical Treatment Release Form** in this package)

6. PARENT ORIENTATION

Before your child is registered with our program you must read and be familiar with the Parent Handbook. Please return this package along with your deposit and **check the box below:**

I have read the parent handbook and am familiar with all Eagles Nest policies
Signature:________________________ **Date:**_____________________

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HEALTH RECORD

Child's Physician:___________________________ Address:_____________________________

Physician's Phone #:________________________

Are your child's immunizations up to date? Yes___ No___

EMERGENCY MEDICAL TREATMENT

I/We, ____, give consent to the staff of Eagles Nest Before and After School Care to provide or allow for medical treatment to be given to my child.

I/We understand that if an emergency should occur, the Program will make every effort to contact me (parents or guardians). Should they be unsuccessful, I authorize any and all employees of Eagles Nest to sign for medical treatment for my child, including transportation by an ambulance if necessary.

Signature:______________________________

Date:________________________________

FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT

I/We, give permission to share necessary personal information (name, phone number) with other staff and parents for the purpose of program coordination.

Signature:______________________________

Date:________________________________

PHOTO PERMISSION

I, give permission for my child's photograph to be taken and released in any medium (facebook, website, etc).

Signature:_____________________________

Date:________________________________

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ALLERGY INSTRUCTIONS

Child's Name:______________________________

My child is allergic to:____

This allergy is: Mild___ Moderate___ Severe___

Please explain your child's symptoms:____

____

____

____

I entrust Eagles Nest Staff to do the following upon an allergic reaction (Please specify steps):

____

____

____

____

____

Signature:_______________________________

Date:________________________________

MEDICAL TREATMENT INSTRUCTIONS AND RELEASE

Child's Name:________________________________
Child's Medical
Condition:____
What triggers the condition?____
____
__
Does your child need medication administered? Yes___   No___
(You must fill out an Individual Medication Record for your child if medication needs to be administered) Eagles Nest Staff will administer antidote/allergy/seizure medication on an emergency basis.
Should a life threatening emergency occur, is there any medical treatment that you would not wish your child to have? (Please
explain):____
____
__
I understand that it is my responsibility to inform Eagles Nest staff if there are any changes to the above information.

Signature:_____________________________
Date:________________________________