

SAC Emergency Information

Child's Name _____ Birthdate _____ School _____

LIST ALL PERSONS TO WHOM CHILD MAY NOT BE RELEASED:

(Parent must provide proper legal documentation to support this request)

Name _____ Name _____

Name of person, other than parent, authorized to act for parent in an emergency: DO NOT LEAVE BLANK

Name _____ Phone _____

Address _____ Zip Code _____

Employer _____ Work Phone _____

Child's Physician _____ Phone _____ Child's Dentist _____ Phone _____

Family Hospital _____ Phone _____ Child's health is: Excellent ___ Good ___ Fair ___ Poor ___

Please describe any medical conditions, including allergies (refer to Medication Section in Parent Manual)

PARENT AGREEMENT:

- I have received and read the SAC Parent Manual.
- I agree to abide by the guidelines as stated in the Parent Manual.
- I will keep SAC informed of ANY CHANGES in EMERGENCY and HOME PHONE NUMBERS.
- My child will be picked up by 6:00 p.m. I understand late pickup fees will begin at 6:01 p.m.
- I understand that all fees are to be paid in advance.
- I understand that my child will not be released to anyone who is not listed on the registration form.
- I agree to be responsible for all tuition, including a 40% collection agency fee if my account becomes delinquent.

Parent/Guardian Signature _____ Date _____

SAC Parent Information

Mother's Name _____ Home Phone _____

Address _____ Zip Code _____

Social Security Number _____ Work Phone _____

Employer _____ Cell/Pager _____

Father's Name _____ Home Phone _____

Address _____ Zip Code _____

Social Security Number _____ Work Phone _____

Employer _____ Cell/Pager _____

LIST ALL PERSONS TO WHOM CHILD MAY BE RELEASED: DO NOT LEAVE BLANK

Name _____ Phone _____ Name _____ Phone _____

Name _____ Phone _____ Name _____ Phone _____

AUTHORIZATION:

I authorize the child care personnel to arrange emergency medical care for my child in the event that I can not be reached.

Parent/Guardian Signature _____ Date _____