

**THE HIDE OUT REGISTRATION
FALL 2019-2020**

D.O.E. _____

Family Information

<u>Child</u>	Name _____	D.O.B. _____
	Address _____	Age _____ Yrs _____ Months
	_____	(As of September 2019)
<u>Mother</u>	Name _____	Employer _____
	Address _____	Address _____
	Phone _____	Phone _____
	Email _____	Cell# _____
<u>Father</u>	Name _____	Employer _____
	Address _____	Address _____
	Phone _____	Phone _____
	Email _____	Cell# _____

Educational Information

School Age Program: Before School _____ After School _____ Before & After _____

School: _____ **Grade:** _____ **Days Attending:** M T W Th F (Circle days attending)

Preschool Program: 4 hour _____ or Your Choice _____
(Circle or add hours attending) 9:00 - 1:00 _____ to _____

Days Attending: 1 day _____ 2 days _____ 3 days _____ 4 days _____ 5 days _____ M T W Th F
(Circle days attending)

Emergency / Medical Information

Emergency/Alternate Pick Up: The following people **must be local** and cannot be one of the child's parents. The Hide Out has permission to call these people in the event of an emergency or when you cannot be reached. These people may also pick up your child at any time. This is State required.

(Name)	(Relationship to Child)	(Phone #'s)
1. _____	_____	_____

Physician: Name _____ Phone # _____

Insurance: Carrier _____ Policy # _____

Allergies: _____

In the event of a medical emergency, I _____ grant my permission to The Hide Out to administer first-aid, if needed, and to obtain medical treatment for my child _____. I hereby authorize The Hide Out to contact on my behalf an ambulance and/or E.M.T. service to transport my child to the nearest or most appropriate emergency facility, and to treat accordingly in their professional judgment. I will assume any medical and transportation cost incurred.

Signed _____ **Date** _____