

**Registration/Emergency Information Card**

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade \_\_\_\_\_ Sex: M F

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email address(es): \_\_\_\_\_

Father: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Mother: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**I plan on using these sessions for my child (please circle use of desired sessions):**

6:00-7:30am      sporadically      frequently      daily

11:00am-3:00pm      sporadically      frequently      daily

3:00-6:00pm      sporadically      frequently      daily

Insurance Company: \_\_\_\_\_ Group # \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Dentist Phone: \_\_\_\_\_

Please list any allergies or medical concerns your child has:

\_\_\_\_\_  
\_\_\_\_\_

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

Parents' signature: \_\_\_\_\_ Date \_\_\_\_\_

Please list an emergency contact person in case you are unable to be reached during an emergency with your child.

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Please list any persons who are authorized to pick up your child from Surround Care.  
Please notify them that Surround Care staff will check IDs if we do not know them.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

