

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.

