

Before and After School **REGISTRATION FORM** Girls Incorporated of Delaware

Grade just completed _____

Child's Last Name _____ First Name _____ Date of Birth ___/___/___ Age _____ Sex: M / F

Address _____ Telephone # (____) _____
Street Apt. # City State Zip

Mother's Name _____ Employer _____ Work Number _____

Cell/Pager _____

E-mail: _____

Father's Name _____ Employer _____ Work Number _____

Cell/Pager _____

E-mail: _____

SCHOOL INFORMATION:

School: _____ Address: _____

Telephone #: _____ Time School Begins: _____ Time School Ends: _____

Classroom #: _____ Teacher's Name: _____ Grade: _____

Transportation Arrangements: School Girls Inc Other: _____

How did you hear about Girls Inc? _____

EMERGENCY CONTACTS / INDIVIDUALS AUTHORIZED TO PICK UP YOUR CHILD: (MUST BE AVAILABLE TO PICK-UP IF PARENTS CAN NOT BE REACHED)

Name: _____ Relationship: _____ Number _____ (h)

Number _____ (w)

Number _____ (c)

Name: _____ Relationship: _____ Number _____ (h)

Number _____ (w)

Number _____ (c)

Name: _____ Relationship: _____ Number _____ (h)

Number _____ (w)

Number _____ (c)

Medical Insurance: _____ Company: _____ Policy #: _____

Physician Name: _____ Office Phone: _____

Dentist Name: _____ Office Phone: _____

Please list any allergies, medical conditions or regular medications that pertain to your child: _____

EMERGENCY PROCEDURES

When an accident or injury occurs to a child during the hours of care, the staff will take the necessary action to protect the child from further harm. Our policy is to first contact the parent and the doctor of the child. If the parent and the doctor cannot be reached, the staff will call the emergency contact person listed in the child's file. If we are unable to make any of the above contacts and the child is in need of emergency medical treatment we will then call 911 to receive the proper care for your child.

Girls Incorporated of Delaware does not carry a health insurance policy for children. It is the responsibility of the parent to carry adequate health insurance coverage for their child.

Parent Signature

Date

I agree to pay Girls Incorporated of Delaware \$ _____ per week payable one week in advance.

THERE ARE NO PRO-RATED FEES FOR BEFORE AND AFTER SCHOOL CARE