



WILSON SCHOOL CHILDCARE REGISTRATION FORM

Child will be registered with a contract() Child will be drop-in only()

***A separate form must be filled out for each child**

Student's name _____ Birth date _____

Address _____ Grade _____

Contact Phone: _____

Would you like your bill emailed? () Email: _____

Child is living with (adults):

Name	Relationship	Bus #	Cell Ph #
_____	_____	_____	_____
_____	_____	_____	_____

Name	Relationship	Bus #	Cell Ph #
_____	_____	_____	_____

Additional Persons who can be called in an emergency or who are authorized to take the child from the childcare center:

Name	Relationship	Phone	Cell Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Identify any allergies/asthma or any health conditions that childcare staff should be aware of:

Physician or Dentist to be called in an emergency:

Physician Name	Address	Phone
_____	_____	_____

Dentist Name	Address	Phone
_____	_____	_____

Consent for emergency medical treatment:

Wilson School Staff have my permission to render necessary first aide and to authorize any physician to perform required emergency medical treatment. Only in case of extreme emergency as determined by a physician would emergency medical treatment be given without attempting to contact the child's parent or guardian.
