



# The Tree House

Before and After School Care



## Registration

### Child Information:

Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Phone numbers to call with questions or in case of an emergency:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

### Other Emergency Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### For which program/s and days would you like to register?

Before School    Monday    Tuesday    Wednesday    Thursday    Friday

After School    Monday    Tuesday    Wednesday    Thursday    Friday

### Pickup Authorization:

Please provide us with the names of individuals who are authorized to pick up your child.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### Medical Information:

Medication/s your child takes: \_\_\_\_\_

Allergies: \_\_\_\_\_

Health/Medical Problems: \_\_\_\_\_

Preference of hospital for emergency: \_\_\_\_\_

Name of Physician: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Do you authorize Tree House staff to administer Tylenol? \_\_\_\_\_ Advil? \_\_\_\_\_ Tums? \_\_\_\_\_

List any information that you feel would be pertinent in regards to an accident, emergency, etc.

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