

KID'S CARE



After School Care Registration Packet

Please fill out this form in full. The information you provide here will be processed prior to your arrival at our facility. Please submit one form per child.

Child's Name:

Gender: Male female

Age:

Birth Date:

Current Grade:

Parent's Names:

Address:

City:

State:

Zip Code:

Home Phone:

Cell Phone:

Work Phone:

E-mail Address:

How did you hear about Kid's Care?

Will your child need pick-up/drop-off services from school each day?

Yes No

Wylie Bus PrimeTime Pick-up (only Austin and Taylor students)

What days do you plan to attend After School at Kid's Care?

Monday

Tuesday

Wednesday

Thursday

Friday

People allowed to pick-up your child:

Name

Phone

Name

Phone

Name

Phone

Is your child in good health, and can he/she participate in activities (such as bowling, water fun, etc.) without any accommodations?

Yes

No

If I cannot be reached in the event of an emergency, the following person is authorized to act in my behalf:

Emergency Contact Name #1:
Phone #:
Address:

Emergency Contact Name #2:
Phone #:
Address:

Emergency Contact Name #3:
Phone #:
Address:

Physician's Name:
Phone #:
Address:
City:
State:
Zip Code:

Please provide as much information as possible.

Allergies

Operations or Serious Illness

Chronic or Recurring Illness

Immunization record on file: (School)

School Phone Number:

Will you need pick-up services from school each day?

Upon submission of this form, the parent or guardian is granting permission for the child to be transported by Primetime KID'S CARE personal vehicles, or by its contracted providers to and from camp, day trips or extra-curricular activities, such as swimming and skating field trips. The health information indicated here is correct to the best of my knowledge. The child has permission to engage in all prescribed activities except if noted otherwise. In the event of an emergency, if a parent or guardian cannot be reached, permission is being granted to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for this child. Further authorization is given to the Camp Director or her designee to provide over the counter medication to this child as necessary. The parent or guardian also agrees that in case of an injury to his or her child that is due to natural causes or by accident which involved no neglect by any camp staff that Primetime KID'S CARE or the staff will not be held liable. Primetime KID'S CARE reserves the right to change a trip location without prior notice. Primetime KID'S CARE has permission to transport my child to and from camp activities as necessary.

Furthermore, my child has permission to be photographed while attending Prime Time Kids Care. The photograph may be used for display at school-related meetings, publications, or publicity for the school. This consent releases from liability all personnel of the school, and any others who have received permission by the staff to take photos at the school or school-related activities.

I UNDERSTAND THAT I SHOULD CALL BEFORE PICKING UP MY CHILD(REN) ON TRIP DAYS IN CASE OUR SCHEDULED RETURN TIME HAS CHANGED DUE TO UNFORESEEN CIRCUMSTANCES.

Signature of Parent

Date