

CHILD CARE INFORMATION FORM

Date of Enrollment _____ School _____

Child's Name _____ DOB _____ Age _____ Grade (2016-2017) _____

Guardian/Mother's Name _____

Cell # _____

Work # _____

Name of & Work Address _____

Guardian/Father's Name _____

Cell # _____

Work # _____

Name of & Work Address _____

EMERGENCY CONTACT NUMBERS

(Please list contacts other than parents/guardians)

Name _____ Address _____

Relationship _____ Phone # _____

Name _____ Address _____

Relationship _____ Phone # _____

Name _____ Address _____

Relationship _____ Phone # _____

MEDICAL INFORMATION

Family Doctor (Name/Address/Phone) _____

Dentist (Name/Address/Phone) _____

Please list all allergies, medical restrictions, medications, operations or chronic medical problems.

Hospital of choice (Address/Phone) _____

PICK-UP AUTHORIZATION OTHER THEN PARENT/GUARDIAN

Name_____

Relationship_____ Phone #_____

Name_____

Relationship_____ Phone #_____

Name_____

Relationship_____ Phone #_____

***Please let staff know when someone other than parent is going to pick-up your child. Thank you.**

In case of serious illness or injury when neither parent can be reached will you allow your child to be transported to the doctor or hospital by an employee and/or an Emergency Contact Person listed above
Y___N___

I hereby give permission to Parks and Recreation Staff to secure emergency medical and/or surgical treatment for the above named minor child while in the care of the Gametime Program and that all expenses of such procedures/care will be accepted by the parent(s)/guardian(s). In the event that I, the above listed emergency contact person(s), or the listed family physician cannot be reached in an emergency, I hereby give my permission to the physician selected by Durango Parks and Recreation staff to hospitalize and secure proper treatment.

I was given, read and understand Gametime payment plan and fees.

I was given, read and understand Gametime Policy & Procedures and Registration Form. I feel my child is/are in good health, except as noted by me, and will not have any problem attending and participating in all the Gametime Program activities. In the event that I cannot be reached in an emergency, I hereby give my permission to the Parks and Recreation staff to secure proper treatment. All expenses of such care will be accepted by the parents.

I have read and understand the attached Policies and Procedures for the Durango Parks and Recreation program. I have discussed these expectations with my child and we agree to abide by these policies.

X

Parent Signature

Date