

**EXTENDED CARE REGISTRATION FORM for OLDER SIBLINGS**

**EMERGENCY/CONTACT INFORMATION:**

Date Form Completed \_\_\_\_\_

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_ Current Age (Y.M) \_\_\_\_\_

Street Address \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Local School District \_\_\_\_\_

Child's Race/Ethnicity \_\_\_\_\_ Cultural Background \_\_\_\_\_ Religion \_\_\_\_\_

Expected Drop-off Time: \_\_\_\_\_ by means of \_\_\_\_\_ (give school bus #, if applicable)

Expected Pick-up Time \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Please list the name(s) of other individuals your child may be released to:

**Health Record Summary**

List of Allergies: \_\_\_\_\_

List of Chronic Physical Problems: \_\_\_\_\_

List any diseases child has had: \_\_\_\_\_

History of Hospitalization: \_\_\_\_\_

List any medications, food supplements, and modified diet or fluoride supplements currently being administered to child: \_\_\_\_\_

**CONSENT AUTHORIZATION**

**Part I: PERMISSION GRANTING CONSENT**

I give Springs East School permission to transport my child, \_\_\_\_\_

1) To (Hospital or Clinic) \_\_\_\_\_ for emergency medical care.

2) To (Dentist or Clinic) \_\_\_\_\_ for emergency dental care

or to the nearest available source of assistance.

3) To or from the Public School, in the event my child misses their Kindergarten bus.

**Part II: REFUSAL TO GRANT CONSENT**

I do not give permission to Springs East School to transport my child, \_\_\_\_\_

for emergency medical or dental care. In the event of an illness or injury which requires emergency medical or dental treatment, I wish the following action to be taken:

\_\_\_\_\_

(detail your wishes here)

**SIGNATURE** OF PARENT \_\_\_\_\_

**VERIFY THAT YOU HAVE READ OUR DISCIPLINE POLICY**

\_\_\_\_\_ I have read the Discipline Policy in the Springs East Montessori School Handbook.

**SIGNATURE** OF PARENT \_\_\_\_\_

**VERIFY THAT YOU HAVE READ OUR LATE PICK-UP POLICY**

\_\_\_\_\_ I have read the Late Pick-Up Policy in the Springs East Montessori School Handbook. I understand that I will be required to **immediately pay** the Extended Care teacher \$50.00 for each part of a quarter hour that I am late in picking up my child.

**SIGNATURE** OF PARENT \_\_\_\_\_

We will also need a **photocopy of the medical statement** submitted to your child's school (with the physician's signature on the form).