

**SUNSHINE CLUB REGISTRATION
2017-2018 SCHOOL YEAR**

REGISTRATION FEE OF \$40.00 PER FAMILY MUST ACCOMPANY THIS FORM

FAMILY NAME _____

1ST CHILD _____

TEACHER/GR _____

2ND CHILD _____

TEACHER/GR _____

STREET ADDRESS _____ CITY _____

HOME PHONE _____

MOTHER'S NAME _____

WORK PHONE _____

E-MAIL _____

CELL PHONE _____

FATHER'S NAME _____

WORK PHONE _____

E-MAIL _____

CELL PHONE _____

EMERGENCY NOTIFICATION AND CONSENT TO PICK UP: (MUST CONTAIN NAMES OTHER THAN A PARENT)

NAME _____ PHONE _____

NAME _____ PHONE _____

NAME _____ PHONE _____

PLEASE NOTE: ONLY THE PEOPLE NAMED ABOVE WILL BE ALLOWED TO PICK UP YOUR CHILD(REN) UNLESS WE RECEIVE WRITTEN NOTIFICATION OF A CHANGE. SOME FORM OF IDENTIFICATION MAY BE REQUIRED FOR PICK UP.

Please circle the time you think your child will be attending Sunshine Club.

A.M.: Mon. Tues. Wed. Thurs. Fri.

P.M.: Mon. Tues. Wed. Thurs. Fri.

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CONSENT FOR TREATMENT:

I hereby authorize any representative of Sacred Heart School to procure transportation, medical or hospital care for my child(ren) in the event of any emergencies. I understand I am responsible for any cost involved.

(Signature of parent or guardian)

(Relationship to child)

(Date)

MEDICAL INFORMATION:

DOCTOR _____

PHONE _____

DENTIST _____

PHONE _____

HOSPITAL _____

PHONE _____

ALLERGIES: TO MEDICINE _____
TO FOOD _____

Does your child take medication daily? _____ If yes, what kind? _____