

**SUNSHINE CLUB REGISTRATION
2007-2008 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? _____