

# After School Programs - Child Care

# Student Registration & Emergency Information

Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Birth date \_\_\_\_\_ Sex:  Male  Female

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Family Name if different from above: \_\_\_\_\_ Grade: \_\_\_\_\_

- Ashley Falls       Carmel Del Mar       Del Mar Heights       Del Mar Hills  
 Ocean Air       Sage Canyon       Sycamore Ridge       Torrey Hills

Residence of Pupil – Street Address, City, Zip \_\_\_\_\_

Mailing Address of Pupil (if different from above) – Enter Street Address, City, Zip \_\_\_\_\_

### Housing Status:

The student lives with  Mother  Father  Both Parents  Court Appointed Guardian  Foster Parents

## Family Information

Mother/Stepmother/Guardian

Father/Stepfather/Guardian

Name \_\_\_\_\_

Name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Employer/Occupation \_\_\_\_\_

Employer/Occupation \_\_\_\_\_

Work/Daytime Phone \_\_\_\_\_

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

Work/Daytime Phone \_\_\_\_\_

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

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

## Emergency Information

It is very important, in case parents cannot be reached, that two (2) **additional** names and telephone numbers be listed here (friends or neighbors with a car). Contacts will be called in the order listed. Please also list other people who have permission to sign your child out of the child care program.

In an emergency, person to contact first:  Mother  Father  Both Parents  Court Appointed Guardian  Other (below):

1. \_\_\_\_\_  Pick-up  Emergency  
Name Daytime Phone/Cell Phone

2. \_\_\_\_\_  Pick-up  Emergency  
Name Daytime Phone/Cell Phone

Optional family secret code word: \_\_\_\_\_ In the event that we need to verify your identification over the phone or if you or someone you have authorized to pick up does not have identification we will ask for this code.

See Reverse

**Health Information**

Health Insurance?  Yes  No

Name of Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Insurance Co. Name \_\_\_\_\_ Policy # \_\_\_\_\_

*Note: You must provide your child's doctor with written permission to treat your child in the event of an accident or illness. This written permission must be on file with your child's doctor prior to treatment.*

Does your child take daily medication?  Yes  No

Type: \_\_\_\_\_ Time(s): \_\_\_\_\_

*If medication is ever needed at child care, the law requires a written order from a doctor and parent. Please refer to the parent handbook for information on the administration of medication.*

Does your child have any physical limitations?  Yes  No

Describe: \_\_\_\_\_

Does your child have any allergies?  Yes  No

Describe: \_\_\_\_\_

Please list any other information you would like us to know about your child:

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**Authorizations**

- I understand that picture identification is required when my child is picked up from the after school program. \_\_\_\_\_ (Initial)
- I give permission for my child's photograph to be used by the media (in the event of school-related publicity covered by newspapers or TV).  Yes  No
- I give permission for my child's photograph to be used by the school district for the school/district web page.  Yes  No
- I give permission for my child to attend after school enrichment classes when enrolled. (children must first check in with child care before going to enrichment class)  Yes  No

We, (I) agree to inform the Del Mar Union School District Child Care Program in writing of any changes in the information that we have provided on this sheet. We, (I) agree to comply with all the policies of the Child Care Program. I have received and have read a copy of The Parent Handbook for the Del Mar Union School District Child Care Program. We, (I) give our consent to Del Mar Union School District to call for a physician or medical or surgical care for the above named child if any emergency arises whereby such service is indicated and authorize such physician or medical facility to treat our child. We, (I) understand that this care will be at our expense.

Print name of Parent or Guardian \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_