

STEPHEN/ARGYLE SACC 2018-19 REGISTRATION FORM

Child(ren) Last Name	First Name	Grade	Pick Up Time
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DAYS AND TIMES CARE WILL BE NEEDED: _____

PARENT/GUARDIAN: _____
ADDRESS: _____
HOME PHONE #: _____ CELL PHONE #: _____
WORKPLACE & PHONE (MOTHER): _____
WORKPLACE & PHONE (FATHER): _____

THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP THESE CHILDREN FROM SACC. (IF PARENT IS NOT PICKING UP, PLEASE SEND A NOTE WITH YOUR CHILD INDICATING WHO WILL PICK UP.)

NAME & #: _____
NAME & #: _____

IN THE EVENT OF AN EMERGENCY, THE CHILDREN WILL BE CARED FOR BY:

NAME: _____
ADDRESS: _____ PHONE: _____

STORM HOME NAME: _____ **PHONE:** _____

* NEEDED FOR IN-TOWN CHILDREN ALSO

PLEASE LIST ANY ACTIVITIES THAT YOUR CHILD WILL BE RELEASED FOR OR ARRIVE LATE BECAUSE OF:

ACTIVITY: _____ TIME RELEASE/RETURN: _____ DAYS: _____
ACTIVITY: _____ TIME RELEASE/RETURN: _____ DAYS: _____
ACTIVITY: _____ TIME RELEASE/RETURN: _____ DAYS: _____

PLEASE LIST ANY MEDICAL CONDITIONS OR ALLERGIES YOUR CHILD(REN) MAY HAVE:

IF IMMEDIATE MEDICAL CARE IS NEEDED AND/OR THE PARENT CANNOT BE REACHED AND/OR TIME IS OF THE ESSENCE, 911 WILL BE CALLED AND MEDICAL DECISIONS WILL BE MADE BY THE PROFESSIONALS.

DOCTOR'S NAME: _____ PHONE: _____
DENTIST'S NAME: _____ PHONE: _____

Field trips may be planned from time to time as part of the activities. This may entail walking to nearby parks, wooded areas, stores, etc. Your signature below will allow your child to go on the adventures.

In the event the SACC Program's children are included in any newspaper, radio, or television publicity, your signature below will allow your children to be included.

I recognize my responsibility to respect the rules of the SACC Program as well as my responsibility to help my child respect the rules needed to provide a positive experience for all participants.

I agree to pick up my child before 6:00 p.m. and to pay the agreed upon fee on time.

PARENT SIGNATURE _____ DATE _____

LIST ANY OF THE ABOVE PERMISSIONS YOU DO NOT WISH TO GRANT OR ANY PERSON NOT ALLOWED TO PICK UP YOUR CHILDREN: