



School Age Child Care Registration Form

Revised 7/11/2016

This form meets Ohio Administrative Code. Programs may use this form or build their own.

Please complete each item. Choose N/A if item is not applicable.

Section I - Student & Family Information

School Child Attends, Date of Admission, Child's Name, Date of Birth, Family/Guardian Name, Cell Phone, Call Order, Family Street Address, Home Phone, Call Order, City, State, Zip, Other Phone, Call Order

Alternate Family Information:

Family/Guardian Name, Cell Phone, Call Order, Family Street Address, Home Phone, Call Order, City, State, Zip, Other Phone, Call Order

Section II - Authorization for Emergencies

List 3 Emergency Contacts Authorized To Take Child From The Program:

Name, Cell, Home, Other (repeated 3 times)

List Medical Contacts, In Case Of Emergency:

Physician, Dentist, Other, Phone

Sign Grant Permission To Provide First Aid & Transportation To Emergency Care Facilities:

Date, Signature of Authorized Family Member/Guardian

If you do not want your child transported to an emergency care facility or provided first aid, describe procedures to follow:

Empty box for describing procedures to follow

### Section III - Child's Health Information

Child's Medical/Health Needs

Child's Allergies/Treatment

Child's Dietary Needs/Restrictions

Child's Medication/s: *A Medication Form Must Be Completed For **Each** Medication Administered While In Program*

### Section V - Transportation/Activity Authorization

**Complete To Allow Child To Leave Program For Specific Activities With Specific People**

Destination/Activity _____	Departure Time _____	Authorization Time Period: _____
Authorized Person _____	Return Time _____	_____
Destination/Activity _____	Departure Time _____	Authorization Time Period: _____
Authorized Person _____	Return Time _____	_____
Destination/Activity _____	Departure Time _____	Authorization Time Period: _____
Authorized Person _____	Return Time _____	_____

Date

Signature of Authorized  
Family Member/Guardian