



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

Form fields for Student & Family Information including School Child Attends, Child's Name, Family/Guardian Name, Family Street Address, City, State, Zip, Date of Admission, Date of Birth, Cell Phone, Home Phone, Other Phone, and Call Order.

Alternate Family Information:

Form fields for Alternate Family Information including Family/Guardian Name, Family Street Address, City, State, Zip, Cell Phone, Home Phone, Other Phone, and Call Order.

Section II - Authorization for Emergencies

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

Form fields for listing 3 emergency contacts with Name, Cell, Home, and Other phone numbers.

List Medical Contacts, In Case Of Emergency:

Form fields for listing medical contacts including Physician, Dentist, and Other with their respective phone numbers.

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

Form fields for signing and granting permission, including Date, Signature of Authorized Family Member/Guardian, and a signature box.

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

Large empty box for describing procedures to follow if not transported to an emergency care facility.

### 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