

Family Information

Child	Name _____ Address _____ _____	D.O.B. _____ Age ____ Yrs ____ Months (As of September 2010)
Mother	Name _____ Address _____ _____	Employer _____ Address _____ _____
	Phone _____ Email _____	Phone _____ Cell# _____
Father	Name _____ Address _____ _____	Employer _____ Address _____ _____
	Phone _____ Email _____	Phone _____ Cell# _____

Educational Information

School _____ Grade ____ if Kindergarten: circle **AM** or **PM (at Hideout)**

Before School	~ 6:30 - 9:00	<input type="checkbox"/>	<u>Check all that apply.</u> If you don't know which kindergarten session your child will be in then just check both and I will highlight the correct one when you find out in June. Make sure you check off before and/or after school if you need those hours.
AM Kindergarten	~ 9:00 - 12:00	<input type="checkbox"/>	
PM Kindergarten	~ 12:00 - 3:00	<input type="checkbox"/>	
After School	~ 3:00 - 6:30	<input type="checkbox"/>	

Emergency / Medical Information

Emergency/Alternate Pick Up: The following people **must be local** and cannot be one of the child's parents. The Hide Out has permission to call these people in the event of an emergency or when you cannot be reached. These people may also pick up your child at any time. This is State required.

(Name)	(Relationship to Child)	(Phone #'s)
1. _____	_____	_____
2. _____	_____	_____

Physician: Name _____ Phone # _____
Insurance: Carrier _____ Policy # _____
Allergies: _____

In the event of a medical emergency, I _____ grant my permission to The Hide Out to administer first-aid, if needed, and to obtain medical treatment for my child _____. I hereby authorize The Hide Out to contact on my behalf an ambulance and/or E.M.T. service to transport my child to the nearest or most appropriate emergency facility, and to treat accordingly in their professional judgment. I will assume any medical and transportation cost incurred.

Signed _____ **Date** _____