

Fun & Learning Registration Form: 2015-2016

Student Information

Student Name _____

Medical
Conditions/Allergies? _____

FLC Days Needed: M____ T____ W____ TH____ F____

Estimated Pick up Time? : 3:30____ 4:00____ 4:30____ 5:00____

Parent/Guardian Contact Information:

Daytime Phone # _____ Cell # _____

Home Contact and Mailing Info:

Address (Mailing): _____

Home Phone: _____

Email: _____

Additional People Who May Pick Up Your Child. (May need to show ID)

Name: _____

Relationship: _____

In Case of Emergency:

Name: _____ Phone: _____

Name: _____ Phone: _____

Medical Information

Physicians Name: _____

Phone #: _____

Dentists Name: _____

Phone# _____

Insurance Company's Name: _____

Policy #/ID #: _____

Group #: _____

Parent/Guardian Authorization

I agree to abide by the policies for The Fun & Learning Center Program. I give permission to the staff to contact my child's physician/dentist in an emergency situation and seek emergency medical care if unable to reach me.

Printed Name: _____

Signature: _____ Date _____

This form must be returned before your child's first day in the program.

Office Use Only: Registration ____ Walking Permission ____ Guidelines _____

