Lyon County Schools- Lyon Cubs Child Care Enrollment and Authorization Form

Date Received:_____

Student's name__ _____Grade _____Birth date_____Age_____
Student's address _____Sex F M
Mom's name ____ _____ Dad's name_____
Employer/phone_____ Employer/phone_____
Mom's cell_____ _____ Dad's cell_____
Mom's email_____ Dad's email_____
Mom's/Dad's address if different than student's_____ _____
Mother & Father are ___married ___divorced ___separated ___other
Custody papers (attach a copy of court documentation): _____yes _____no
Days my child will be attending: M ____, T _____, W _____, Th _____, F _____ Drop in:_____
Siblings at Lyon Cubs: Name(s) _____
_____

In Case of an Emergency Please Contact (if a parent cannot be reached)

Name_____ Relationship_____Phone_____
Doctor: _____Phone Number:_____
Hospital:_____Phone Number: _____
Allergies/Medical Info: _____
_____
Medication to be administered at Lyon Cubs: _____
Medication administered during Lyon Cubs requires a Lyon Cubs Medication Form.

Authorization for Emergency Medical Treatment

_____ I authorize Lyon Cubs staff to call an ambulance and I give permission for any necessary treatment by the doctor/hospital staff, provided they have made every effort to contact me.

_____I do not authorize Lyon Cubs staff to oversee any emergency medical treatment for my child.

_____ _____

Parent/Guardian Signature **Date**

Authorization for Release/Pick Up

Please list the people who you authorize to sign out your child from Lyon Cubs. This person may be asked to present identification before the child is released.

_____ _____

Mother Name Relation Phone

_____ _____

Father Name Relation Phone

_____ _____

Name Relation Phone Name Relation Phone

_____ _____

Name Relation Phone Name Relation Phone

Payment Agreement:_____ will be paying the account.

⇨**Over**

Lyon Cubs Child Care Photo Authorization

Throughout the year, we may take photographs of the children for Lyon Cubs use and advertisement.

_____ I give permission for my child to be photographed.

_____ I do **not** want my child to be photographed.

Lyon Cubs Child Care Contract

Cooperation among parents, students, and staff is the key to running any program successfully. If, as parents, you have a concern about our program or with the way in which your child is being treated, please schedule a meeting with the director so that any problems can be resolved or potential problems can be avoided. While we cannot guarantee that mistakes or accidents will not occur, we assure you that your child's safety and best interests are considered first, last and foremost, and that we will do everything reasonably possible to ensure the well-being of your child.

I have read, understand, and accept the policies as stated in the Lyon Cubs Parent Handbook and have indicated my preferences on this registration sheet.

Parent Signature _____Date _____

Other information you should know about my child:

Enrollment at Lyon Cubs Child Care shall be open to any child regardless of race, color, creed, sex or political belief.