

Wildwood Time to Soar (WTTTS) Forms

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Wildwood Time to Soar Registration Form School Year: 2024-2025 School: _____

(Wildwood or Lake Drive)

1st Child: _____ Name Grade Age Date of Birth: ____/____/____ Gender: M or F Starting Date: ____/____/____ <i>Circle Days Needed:</i> Early Birds M T W TH F #Days per wk: _____ After School M T W TH F #Days per wk: _____	2nd Child: _____ Name Grade Age Date of Birth: ____/____/____ Gender: M or F Starting Date: ____/____/____ <i>Circle Days Needed:</i> Early Birds M T W TH F #Days per wk: _____ After School M T W TH F #Days per wk: _____
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Child/Children lives with: Both Parents Mother Father Other (Please specify:)

Parent's Marital Status:* Married Separated Single Parent Divorced

*If there is a current court order affecting the custody of your child(ren), a certified copy must be provided.

Home Address: _____
Street Address Town State Zip Primary Phone#

Mother/Legal Guardian: _____
Name (Please print) Place of Employment Work Phone # Cell Phone #

Father/Legal Guardian: _____
Name (Please print) Place of Employment Work Phone # Cell Phone #

Primary email address: _____ **Secondary email address:** _____

** These phone numbers and email addresses will be used to contact you in case of an emergency. Please make sure all information is current.

Emergency Contact Form

Children will not be released to anyone other than the parent/guardian listed above without confirmation from the parent/guardian. Call, send an email or note directly to the main office before 4:00 PM on the date of the change. The person picking up must be an adult, 18 years or older with a photo ID.

Children's Names: _____
(Print First and Last Names)

Parent's Names: _____
(Print First and Last Names)

Emergency Contact Numbers: *(Three names other than parents are required. These contacts should be local. In the event of an emergency where you are not reachable, we will call these contacts to pick-up your child.)*

1.	Name	Address	Town	Daytime Phone	Cell	Relationship to Child
2.	Name	Address	Town	Daytime Phone	Cell	Relationship to Child
3.	Name	Address	Town	Daytime Phone	Cell	Relationship to Child
4.	Name	Address	Town	Daytime Phone	Cell	Relationship to Child

Parent/Guardian: Read and Sign below:

In the event of an EMERGENCY SCHOOL CLOSING, I understand that:

- When schools are closed due to weather-related or emergency closings, ALL CHILDCARE PROGRAMS ARE CLOSED.
- My child will be sent home with the walkers or by their bus (if a regular bus student) on an unscheduled early dismissal day.
- The Program is closed on scheduled early dismissal days. (i.e., Thanksgiving Eve, etc.)
- I am registered on the Parent Portal through the Mountain Lakes School District.
- I must make arrangements for my child's safe arrival at home in the event I cannot be reached or arrive at home in time.
- All phone numbers and contact information must be kept up-to-date.
- I will monitor the weather and be aware that the weather of my location may be different from the weather in Mountain Lakes.
- WTTS Program may close due to inclement weather or emergency after a full day even if schools did not dismiss early. If this should occur, the WTTS Site Coordinator will attempt to notify me at the primary and/or secondary notice provided to us

Parent/Guardian Signature

Date

FIRST CHILD'S HEALTH INFORMATION

CHILD'S NAME: _____ BIRTH DATE: _____ GRADE: _____

CHILD'S DOCTOR: _____ PHONE: _____

DOCTOR'S ADDRESS: _____

CHILD'S HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____

Has your child:

1. Ever been advised not to participate in sports? _____ If yes, please explain: _____
2. Ever experienced loss of consciousness after an injury? _____ If yes, please explain: _____
3. Experienced a fracture or dislocation in the last 3 years? _____ If yes, please explain: _____
4. Undergone surgery in the last 3 years? _____ If yes, please explain: _____

Does your child:

1. Take any medication on a regular basis? _____ If yes, please explain: _____ Medication _____
2. Have allergies, hives, asthma or reactions to foods, bee stings? _____ If yes, please explain: _____
3. Require an Epi-pen? _____ If yes, please explain: _____
4. _____

MEDICAL RELEASE FORM: In the case of a medical emergency the Mountain Lakes Police Department and Ambulance will be called. We will contact you immediately.

I hereby give permission for my child named above to be transported by emergency vehicle to a nearby hospital emergency room and given aid as necessary.

Parent/Guardian Signature

Date

SECOND CHILD'S HEALTH INFORMATION

CHILD'S NAME: _____ **BIRTH DATE:** _____ **GRADE:** _____

CHILD'S DOCTOR: _____ **PHONE:** _____

DOCTOR'S ADDRESS: _____

CHILD'S HEIGHT: _____ **WEIGHT:** _____ **EYE COLOR:** _____

Has your child:

- 5. Ever been advised not to participate in sports? _____ If yes, please explain: _____
- 6. Ever experienced loss of consciousness after an injury? _____ If yes, please explain: _____
- 7. Experienced a fracture or dislocation in the last 3 years? _____ If yes, please explain: _____
- 8. Undergone surgery in the last 3 years? _____ If yes, please explain: _____

Does your child:

- 5. Take any medication on a regular basis? _____ If yes, please explain: _____ Medication _____
- 6. Have allergies, hives, asthma or reactions to foods, bee stings? _____ If yes, please explain: _____
- 7. Require an Epi-pen? _____ If yes, please explain: _____
- 8. _____

MEDICAL RELEASE FORM: In the case of a medical emergency the Mountain Lakes Police Department and Ambulance will be called. We will contact you immediately.

I hereby give permission for my child named above to be transported by emergency vehicle to a nearby hospital emergency room and given aid as necessary.

Parent/Guardian Signature

Date

PICK-UP RELEASE FORM

Dear Staff,

I have authorized the following person or persons to pick up my child from the WWTS Program in the event I am unable to do it myself or those on my emergency contact forms are unavailable.

I give _____ authorization to pick up my
child, _____.
(Child's Name)

PARENTS PLEASE NOTE: The persons you list may be neighbors or parents of your child's friends who live locally.

Parent/Guardian Signature

Date

Wildwood Time to Soar Program

EMERGENCY RELEASE FORM

In accordance with State Regulations, you are required to sign a Blanket Emergency Release giving the Emergency Room, First Aid Squad, or your child's physician permission to practice emergency medical treatment in case you cannot be reached. Please sign below.

CHILD'S NAME: _____

I HEREBY GIVE PERMISSION TO THE FACILITY STAFF TO ADMINISTER FIRST AID AND IN THE CASE OF AN EMERGENCY TO TRANSPORT, SECURE PROPER TREATMENT FOR AND ORDER INJECTIONS, ANESTHESIA OR SURGERY FOR MY CHILD IF IT IS DETERMINED TO BE NECESSARY. I HEREBY GIVE PERMISSION TO EMERGENCY PERSONNEL, INCLUDING FIRST AIDE SQUAD PERSONNEL, EMERGENCY ROOM PERSONNEL, AND THE CHILD'S PHYSICIAN TO PRACTICE EMERGENCY MEDICAL TREATMENT IF IT IS DETERMINED TO BE NECESSARY. I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ALL CHARGES NOT COVERED BY MY INSURANCE.

Parent/Guardian Signature

Date

Name of Insurance: _____ Policy #: _____

Note any physical or mental conditions to be aware of in case of an emergency:

