

Genesee Early Learning Center
Registration and Emergency Information Form

This form must be completed and turned into the office before students may attend.

STUDENT INFORMATION (must use student's legal name only)

STUDENT'S FULL NAME: _____

DATE OF BIRTH: _____ (M/D/YY) AGE: _____ SEX: MALE _____ FEMALE _____

Primary Hours of Care: From: _____ a.m./p.m. To: _____ a.m./p.m.

Days of the Week in Care: M T W Th F ENROLLMENT DATE: _____

FAMILY INFORMATION

PARENTS/GUARDIAN FULL NAME: _____

MAILING ADDRESS: _____ PHYSICAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME/PREFERRED PHONE: (_____) _____

CELL PHONE: (_____) _____ (Father) WORK PHONE: (_____) _____ (Father)

CELL PHONE: (_____) _____ (Mother) WORK PHONE: (_____) _____ (Mother)

ETHNIC CODE: _____ 1-White 2-Black 3-Hispanic 4-Native American 5-Asian

EMERGENCY CONTACTS: Please ensure that at least 2 of the numbers listed below are daytime contact numbers. The person we contact should be no more than a 45-minute commute from school.

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

MEDICAL RELEASE: If I (parents or legal guardian) cannot be personally contacted, I hereby authorize any hospital, licensed physician and/or my child's personal physician to administer emergency treatment to my child in case of accidental injury or sudden severe illness. (This release is for all school sponsored activities—at school, on field trips, etc.)

My child's physician is _____ Phone _____

Office use only: Registration and Emergency Form completed on: _____ Rec'd by: _____