Registration & Emergency Information Form

St. Olaf Childcare Center

Child's Name - First, Middle, Last birth date

Email Address for Mother Email Address for Father

Home Address City Zip code

Mother's Full Name home phone# work phone # cell phone #

Mother's Employer Name & Address

Father's Full Name home phone# work phone # cell phone #

Father's Employer Name & Address

Religion & Church Affiliation

How did you hear about St. Olaf Childcare Center?

Parents are: Married Living together Separated Divorced Single Parent Deceased Mom / Dad

If separated or divorced, which parent has Primary Custody of child?_____

May parent without custody pick up child from St. Olaf Childcare Centers?_____

******St. Olaf must have a court order on file if parent without custody cannot legally pick up the child.******

Names of persons authorized to take child from the facility, other than parents:

NAME RELATIONSHIP PHONE NUMBERS

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

CONSENT FOR EMERGENCY MEDICAL TREATMENT
Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

ST. OLAF CHILDCARE CENTER TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____ . THIS CARE MAY BE GIVEN UNDER
CHILD'S NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED ABOVE.

_____
DATE & PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

LIC 627 (9/08) (CONFIDENTIAL) (ABOVE FORM)

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

_____
Physician's name, address and phone number
Medical Plan and Number_____

_____
Dentist's name, address and phone number
Dental Plan and Number_____

Please list all food and other allergies your child has:_____

_____

My child is on the following regular medications:_____

_____

Please list any medical or other issues regarding your child that we should be aware of. _____

_____

_____

_____

_____
PRINT NAME SIGNATURE DATE