

**SUNSHINE CLUB REGISTRATION**

**2009-2010 SCHOOL YEAR**

**REGISTRATION FEE OF \$40.00 PER FAMILY MUST ACCOMPANY THIS FORM**

**FAMILY NAME** \_\_\_\_\_

**1<sup>ST</sup> CHILD** \_\_\_\_\_

**TEACHER/GR** \_\_\_\_\_

**2<sup>ND</sup> CHILD** \_\_\_\_\_

**TEACHER/GR** \_\_\_\_\_

**STREET ADDRESS** \_\_\_\_\_ **CITY** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_

**MOTHER'S NAME** \_\_\_\_\_

**WORK PHONE** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

**CELL PHONE** \_\_\_\_\_

**FATHER'S NAME** \_\_\_\_\_

**WORK PHONE** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

**CELL PHONE** \_\_\_\_\_

**EMERGENCY NOTIFICATION AND CONSENT TO PICK UP:** (MUST CONTAIN NAMES OTHER THAN A PARENT)

**NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**PLEASE NOTE: ONLY THE PEOPLE NAMED ABOVE WILL BE ALLOWED TO PICK UP YOUR CHILD(REN) UNLESS WE RECEIVE WRITTEN NOTIFICATION OF A CHANGE. SOME FORM OF IDENTIFICATION MAY BE REQUIRED FOR PICK UP.**

Please circle the time you think your child will be attending Sunshine Club.

A.M.(no Pre K): Mon. Tues. Wed. Thurs. Fri.

P.M.: Mon. Tues. Wed. Thurs. Fri.

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**CONSENT FOR TREATMENT:**

I hereby authorize any representative of Sacred Heart School to procure transportation, medical or hospital care for my child(ren) in the event of any emergencies. I understand I am responsible for any cost involved.

\_\_\_\_\_  
(Signature of parent or guardian)

\_\_\_\_\_  
(Relationship to child)

\_\_\_\_\_  
(Date)

**MEDICAL INFORMATION:**

**DOCTOR** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**DENTIST** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**HOSPITAL** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**ALLERGIES: TO MEDICINE** \_\_\_\_\_  
**TO FOOD** \_\_\_\_\_

Does your child take medication daily? \_\_\_\_\_ If yes, what kind? \_\_\_\_\_