



SCHOOL-AGE REGISTRATION FORM

√ Please select school: Lakeline Blvd Campus FM 1431 at Sendero Springs Campus

Child Information	First Name	Middle Name	Last Name
Date of Birth(<i>month/day/year</i>)	Current Age	Gender <input type="radio"/> M <input type="radio"/> F	Start Date

Mother / Guardian Information	First Name	Last Name
Home Address		City/Zip
Home Phone	Cell Phone	Work Phone
E-Mail		

Father / Guardian Information	First Name	Last Name
Home Address <input type="checkbox"/> (√ <i>Check here if same as Mother/Guardian</i>)		City/Zip
Home Phone	Cell Phone	Work Phone
E-Mail		

Does your child reside with both parents? Yes___ No___ If no, who is the custodial parent/guardian? _____
 Is a parent not authorized to pick up a child? Yes No. If yes please provide a copy of the court order.

Name/Address of Elementary School	Grade
Please check the box indicating that the school listed above has current shot records for your child	<input type="radio"/> School has shot records
Signature	

CHILD HEALTH HISTORY

Does your child have any allergies?	<input type="radio"/> Yes	<input type="radio"/> No	Please describe
How should we respond to an allergic reaction? <i>(provide physician's directive and EPI-PIN)</i>			
Does your child have any existing health conditions?	<input type="radio"/> Yes	<input type="radio"/> No	If yes, please describe
Does your child currently take any medication?	<input type="radio"/> Yes	<input type="radio"/> No	If yes, list medication
Will your child be taking any medication at Hatch House School?	<input type="radio"/> Yes	<input type="radio"/> No	If yes please describe how it is administered

Child's Name: _____
 (Please PRINT) First Middle Last

EMERGENCY & AUTHORIZED CONTACTS

I/we, understand that if the parents/legal guardians cannot be reached during an emergency, I/we authorize the release of my child to the individuals listed below. These individuals will also be authorized to pick your child up from the daycare center with valid identification.

Contact #1

First Name	Last Name	Relationship to Child
Home Address		City/Zip
Cell Phone:	Home Phone	Driver's License #

Contact #2

First Name	Last Name	Relationship to Child
Home Address		City/Zip
Cell Phone	Home Phone	Driver's License #

PHOTOGRAPHIC ACKNOWLEDGEMENT AND RELEASE

I _____, am authorized to sign this release on behalf of the child _____ and thereby **GRANT** Hatch House School, it's staff and agents permission to use my child's photographic image in photography publications, promotional purposes, websites, media press releases and coverage's and any other such purposes on behalf of Hatch House School.

Parent/Guardian: _____ Date: _____

RELEASE FROM LIABILITY & PERMISSION

Please initial and sign below:

____ I hereby grant permission for my child to participate in water activities. *(select all that apply)*

- sprinkler play splashing/wading pools swimming pools water play tables

____ I hereby release Hatch House School from medical liability due to any illness or injury occurring during my child's attendance and participation in School activities.

____ I give permission for my child to go on field trips and release Hatch House School, its employees, and agents from any liability. *(Parents will be notified of field trips, and Field Trip Permission Form must be completed)*

____ I understand that should an emergency occur during a field trip that Hatch House School staff will contact the main office and subsequent notification will be sent to the parents and emergency contacts as necessary.

____ I hereby release Hatch House School, it employees and agents from all liabilities resulting from transporting my child from school and on field trips, and I also will not hold Hatch House School financially responsible for any emergency care.

Parent/Guardian: _____ Date: _____