

## Caring Corner Registration Sheet

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_ Birthdate \_\_\_\_\_

Home Address \_\_\_\_\_

Subdivision \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Unlisted ? \_\_\_\_\_ E-mail Address \_\_\_\_\_

Mom's cell \_\_\_\_\_ Dad's cell \_\_\_\_\_

Father's Name \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_ Phone \_\_\_\_\_

Please list all persons approved to pick up your child (child will not be released to others without your specific written approval).

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

3. \_\_\_\_\_ Phone \_\_\_\_\_

Transportation: I hereby give  do not give  my consent for my child to be transported and supervised by facility staff on :  field trips  to and from school

Water Activities: I hereby give  do not give  my consent for my child to participate in water activities such as splashing pools and wading pools.

- We have small resident animals present for children to experience as a science/discovery experience.
- Event photographs may be taken and used for public service and website.
- I acknowledge receipt of the operational policies including those for discipline and guidance.

\_\_\_\_\_  
Signature - Parent or Legal Guardian      Date

### AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to Tomball Regional Hospital, 605 Holderrieth, Tomball, Texas 77375 (281) 351-1623.

I give my consent for necessary emergency treatment when my child is in the care of Tomball Regional Hospital.

\_\_\_\_\_  
Signature - Parent or Legal Guardian      Date

For Office Use Only: Class \_\_\_\_\_ Start Date: \_\_\_\_\_ FT / PT \_\_\_\_\_