

St. John GrandKids Registration

Enrollment Date _____

Name of Child(ren) _____ Sex _____

Address _____ City _____

Birthdate(s) _____ Home Phone _____

Mother's Name _____ Address _____

Employer and phone number _____

Employer address _____ Days/Hrs. working _____

Father's Name _____ Address _____

Employer and phone number _____

Employer address _____ Days/Hrs. working _____

Others in Household

Relationship to Child

Age

Marital Status of Parents _____

Special Information (Habits, routines, fears, likes)

Has your child ever been enrolled in day care before? _____

For how long? _____ Where? _____

Persons authorized to pick up child:

Persons NOT authorized to pick up child:

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Name _____

Medical Information

Child's Physician _____ Child's Dentist _____

Address _____ Address _____

Phone _____ Phone _____

Allergies to Medication _____

Allergies to Food/Other _____

Special Instructions _____

The above information has been provided by _____
(signature)

Syrup of Ipecac Authorization: Upon approval by the Poison Control Center in a poison-related emergency,
I authorize the administration of Syrup of Ipecac to my child _____
Parent/Guardian signature _____

Publicity Permissions: I give permission for my child to be included in any newspaper, radio, television or website
publicity that may occur as a participant in the GrandKids program.
Parent/Guardian signature _____

Medical Permission: I give permission for my child to receive treatment by a hospital or doctor for any emergency or
sudden illness that may occur while my child is at GrandKids. I understand that I will be responsible for the charges for
this care.
Parent/Guardian signature _____