



NIGHT OWL / EARLY BIRD
Registration Form

Child's Name _____ DOB _____

Child's Name _____ DOB _____

Child's Name _____ DOB _____

Parent's Name (mother) _____ (father) _____

Address _____ Home Ph# _____

Contact # _____ Location _____

Any allergies? _____

Any special needs? _____

Emergency Contact Information: REQUIRED

Name: _____ Address: _____

Phone # _____ Relationship: _____

Child's Physician: _____

Address: _____ Phone: _____

PERMISSION FOR EMERGENCY MEDICAL CARE

I grant permission for the management of Growing Room Child Development Centers to obtain emergency medical care for my child(ren) as follows:

1. Attempt to reach parent or guardian, my child's physician, or the persons listed as emergency contact in this agreement.
2. If unable to reach any of the above persons, Growing Room Staff may accompany and transport my child(ren) via Growing Room vehicle or approved staff member's car to The Medical Center Emergency Room for medical care. An ambulance may be called if my child's medical condition warrants it.
3. I give permission for Growing Room staff to give written consent for medical care for my child(ren). This includes, but may not be limited to, examinations by a physician, laboratory tests, x-rays, or other procedures ordered by a physician.
4. Expenses incurred for the above medical care and ambulance transportation is the responsibility of the parent or guardian.

Parent/Guardian Signature _____ Date _____