

**THE HIDE OUT REGISTRATION
FALL 2020-2021**

D.O.E. _____

Family Information

Child	Name _____	D.O.B. _____
	Address _____	Age _____ Yrs _____ Months
		(As of September 2020)
Mother	Name _____	Employer _____
	Address _____	Address _____
	Cell Phone _____	Work Phone _____
	Email _____	
Father	Name _____	Employer _____
	Address _____	Address _____
	Cell Phone _____	Work Phone _____
	Email _____	

Educational Information

School Age: Before School _____ After School _____ Vacation/Snow Days only _____

School: _____ **Grade:** _____ **Days Attending:** M T W Th F
(Circle days attending)

Preschool: 4 hour or Your Choice Days Attending: M T W Th F
9:00 - 1:00 _____ to _____ (Circle days attending)

Emergency / Medical Information

Emergency/Alternate Pick Up: The following people **must be local** and cannot be one of the child's parents. The Hide Out has permission to call these people in the event of an emergency or when you cannot be reached. These people may also pick up your child at any time. This is State required.

(Name)	(Relationship to Child)	(Phone #'s)
1. _____	_____	_____

Physician: Name _____ Phone # _____

Insurance: Carrier _____ Policy # _____

Allergies: _____

In the event of a medical emergency, I _____ grant my permission to The Hide Out to administer first-aid, if needed, and to obtain medical treatment for my child _____ . I hereby authorize The Hide Out to contact on my behalf an ambulance and/or E.M.T. service to transport my child to the nearest or most appropriate emergency facility, and to treat accordingly in their professional judgment. I will assume any medical and transportation cost incurred.

Signed _____ **Date** _____