

**SUMMER SCHOOL - Before and After School Childcare**

REGISTRATION/EMERGENCY FORM 2024-2025

School District of Bonduel 400 W. Green Bay St. PO Box 310 Bonduel, WI 54107

Instructions: The parent/guardian should complete this form for placement in the child's file prior to the child's first day of attendance. Information contained on the form shall be shared with any person caring for the child. The school district recommends that the parents/guardians and childcare staff periodically review and update the information provided on this form.

PRINT STUDENT'S LEGAL NAME

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

(Nickname \_\_\_\_\_) Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Check One: Male \_\_\_\_\_ Female \_\_\_\_\_ First Day of Attendance: \_\_\_\_\_

Residence Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_

PARENT/GUARDIAN

Last \_\_\_\_\_ First \_\_\_\_\_

Relationship (eg., mom, dad, stepmom, stepdad, legal guardian, etc.)

Employer \_\_\_\_\_ City, State \_\_\_\_\_

Work No. (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email you would like us to use for notifications \_\_\_\_\_

PARENT/GUARDIAN

Last \_\_\_\_\_ First \_\_\_\_\_

Relationship (e.g., mom, dad, stepmom, stepdad, legal guardian, etc.)

Employer \_\_\_\_\_ City, State \_\_\_\_\_

Work No. (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Email you would like us to use for notifications \_\_\_\_\_

Legal Custody belongs to: \_\_\_\_\_ Both \_\_\_\_\_ Mother \_\_\_\_\_ Father

PHYSICIAN OR MEDICAL FACILITY FAMILY PHYSICIAN: \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip code \_\_\_\_\_

EMERGENCY CONTACT/S

The person to be notified in an emergency and is allowed to pick up the child when parents/guardians cannot be reached.

1. Last \_\_\_\_\_ First \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Residence Address \_\_\_\_\_

Cell No. (\_\_\_\_) \_\_\_\_\_ Work No. (\_\_\_\_) \_\_\_\_\_

2. Last \_\_\_\_\_ First \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Residence Address \_\_\_\_\_

Cell Phone No. (\_\_\_\_) \_\_\_\_\_ Work No. (\_\_\_\_) \_\_\_\_\_

3. Last \_\_\_\_\_ First \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Residence Address \_\_\_\_\_

Cell Phone No. (\_\_\_\_) \_\_\_\_\_ Work No. (\_\_\_\_) \_\_\_\_\_

WEB CONSENT (Please circle YES or NO)

YES I give my permission to allow the use of pictures of student (still or video), student's work samples (including voice recordings), and student name to be published on the School District of Bonduel website.

NO I do not grant permission to allow the use of pictures of student (still or video), student's work samples (including voice recordings), and student name to be published on the School District of Bonduel website.

AUTHORIZATIONS, ( Please circle YES or NO) I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.

YES NO I have had an opportunity to review the policies of this childcare center and a summary of the Wisconsin Rules for Licensing Childcare Centers. (This is on our district website under the 3K Program)

YES NO I give permission for my child to participate in transported and/or walking field trips and other activities during operating hours.

YES NO I have been informed of the number of pets in the center and their degree of contact with the enrolled children. Note: If pets are added after a child is enrolled, parents shall be notified in writing prior to the pet's addition to the center. PARENT/GUARDIAN SIGNATURE:

\_\_\_\_\_  
DATE: \_\_\_\_\_