

# St. Andrew Babysitting Service Child Registration Form

(please fill out sections 1-4 for the first child of the family, but only sections 1-2 for each additional child)

## Section 1

**Please PRINT all information clearly**

Child's Last Name: \_\_\_\_\_ Parents Name(s) \_\_\_\_\_

Child's First Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Allergies: \_\_\_\_\_

## Section 2

### MEDICAL INFORMATION

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Things my child likes: \_\_\_\_\_

## Section 3

### CONTACT INFORMATION

Drop off time: \_\_\_\_\_ Pick up time: \_\_\_\_\_

(name) \_\_\_\_\_ will be picking my child. Relationship to child: \_\_\_\_\_

Place I will be at while my child is with you: \_\_\_\_\_

During this time and can be reached at: \_\_\_\_\_

Emergency Contact (someone other than you or your spouse who can be reached in case of an emergency):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## Section 4

### WAIVER

I understand that my child, \_\_\_\_\_ is being left in the care of The EDGE Middle School Youth with the adult supervision of parent volunteers.

My child is not ill at this time, nor have they been exposed to chicken pox, measles or other communicable diseases, or had a fever within the last 24 hours.

I agree to pick up my child at the designated time and to supply any necessary special food or toys my child desires.

I understand that if my child cannot be consoled, or acts inappropriately, I may be called to come and pick up my child.

Singed: \_\_\_\_\_ Date: \_\_\_\_\_