

PTO REGISTRATION

FALL _____ / SPRING _____

Today's Date _____

CHILD: Name _____ Nickname _____ Birthdate _____ Sex _____
Street/P.O. Box _____ City _____ State _____ Zip _____
Home Phone _____ Parent's E-mail address _____

Allergies / Medical Conditions _____
(Also See Reverse Side) _____

PARENTS:

FATHER: Name _____ Authorized to pick up? Yes No
Street/P.O. Box: _____ City _____ State _____ Zip _____
Home Phone _____ Employer _____ Business Phone _____
Business Address _____ Other phone, beeper _____

MOTHER: Name _____ Authorized to pick up? Yes No
Street/P.O. Box _____ City _____ State _____ Zip _____
Home Phone _____ Employer _____ Business Phone _____
Business Address _____ Other phone, beeper _____

EMERGENCY CONTACT/AUTHORIZED PICK-UP PEOPLE:

1. Name: _____ Home Phone _____ Work Phone _____
Relationship to child _____ Emergency Contact Yes No Authorized Pick up Yes No
2. Name: _____ Home Phone _____ Work Phone _____
Relationship to child _____ Emergency Contact Yes No Authorized Pick up Yes No

Notify PTO/Kids Club whenever anyone other than regular pick up person will be picking up your child!

Schedule (Please indicate 1st, 2nd, and 3rd choice as needed)

Day: Mon _____ Tues _____ Wed _____ Thurs _____

Time In: _____ Time Out: _____

EMERGENCY MEDICAL CONSENT

I, _____, hereby give my consent for *Emergency Medical Care* to be provided for my child _____ by *MUMC PTO/KC* staff while (he, she) is in their care.

PHYSICIAN _____
ADDRESS _____
PHONE _____
HOSPITAL _____

Insurance Provider _____ Policy # _____ Phone# _____

In EMERGENCIES requiring immediate medical attention, 911 will be called and/or your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at *MUMC PTO/KC* to have your child transported to that hospital.

Signature of Parent/Legal Guardian _____ Date _____

Office Use Only: Date Registration Rec'd _____ Reg Fee (\$50) Check # _____