

**Living Stones Christian School  
Extended Care Registration Form**



**Please complete the following form and attach a check for the \$25.00 required registration fee if you are planning on using extended care one time, once a week or daily throughout the year.**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Class/Grade \_\_\_\_\_

Mom's Name \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Dad's Name \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

**EMERGENCY CONTACT – Please give information for two local people who can pick up your child in case of illness or emergency:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Allergies \_\_\_\_\_

Medication \_\_\_\_\_

People approved to pick-up your child: **Please Note: Children will not be released to an individual under 18 years of age.**

\_\_\_\_\_  
\_\_\_\_\_

Please list anyone who **may not** pick up your child:

\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:**

<p>In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to:</p> <p>Name of Licensed Physician _____</p> <p>Address _____ Phone _____</p> <p>I also give my consent, in the event that I cannot be reached, to take my child to Clear Lake Regional Medical Center for medical treatment. Such consent includes, without limitation, x-rays, injections, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general supervision of any licensed physician/surgeon, whether such diagnosis or treatment is rendered at the office of said physician/surgeon or at the hospital.</p> <p style="text-align: center;">_____ Signature of Parent or Guardian</p> <p style="text-align: right;">_____ Date</p>
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Extended Care Snack:

We encourage each student to bring a snack for Extended Care; however, please note students will not be allowed to share their snacks with others.