

Cricket After School Care
4219 Liberty Hwy.
Anderson, SC 29621

Start date: _____

Please print – use black or blue ink

SCHOOL _____

1ST CHILD'S NAME _____ BIRTHDAY ____/____/____ AGE _____

2ND CHILD'S NAME _____ BIRTHDAY ____/____/____ AGE _____

3RD CHILD'S NAME _____ BIRTHDAY ____/____/____ AGE _____

STREET _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____ E-mail Address _____

EXTREMELY IMPORTANT

ALLERGIES (Please state **WHAT** your child is allergic to and the way to resolve an allergic reaction)

OTHER MEDICAL INFORMATION _____

IS YOUR CHILD COVERED BY INSURANCE? ____ YES ____ NO

INSURANCE COMPANY _____ POLICY# _____

PHYSICIANS

NAME _____ PHONE # _____

MOTHER'S NAME _____ FATHER'S NAME _____

ARE YOU __SINGLE __MARRIED __SEPARATED __DIVORCED

If divorced, who has legal custody? __ mom __ dad

MOTHER'S WORKPLACE _____ PHONE # _____

FATHER'S WORKPLACE _____ PHONE # _____

MOTHER'S CELL PHONE _____ FATHER'S CELL PHONE _____

EMERGENCY CONTACT (This is the person we will contact in case of an emergency and the parents cannot be reached.)

NAME _____ PHONE # _____

RELATIONSHIP TO CHILD _____

NAME _____ PHONE # _____

RELATIONSHIP TO CHILD _____

PICK-UP AUTHORIZATION

YOU MAY AUTHORIZE UP TO THREE PEOPLE TO PICK UP YOUR CHILD. They will be required to show photo ID before we release your child into their care. Under No Circumstances will we release a child to anyone other than the parents or authorized pick-up person.

(1) NAME _____ PHONE # _____

AGE _____ MALE _____ FEMALE _____

(2) NAME _____ PHONE # _____

AGE _____ MALE _____ FEMALE _____

(3) NAME _____ PHONE # _____

AGE _____ MALE _____ FEMALE _____

LIABILITY RELEASE

I give permission for my child to attend and participate in activities sponsored by the Cricket ASC/Summer Day Camp Program. I agree that in the event that I cannot be reached in a medical emergency the staff has permission to seek medical treatment from a licensed facility and physician under the provision of the Medical Practice Act. The undersigned does also give permission for the aforementioned child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the Cricket ASC/Summer Day Camp Program.

MOTHER'S SIGNATURE _____ DATE _____

FATHER'S SIGNATURE _____ DATE _____

**Please include a copy of both drivers' license to put on file.*

Registration Paid By _____ CASH _____ CHECK# _____ RECEIPT# _____

ISSUED BY _____

PARENT CONTRACT

I have received and read the Cricket ASC/Summer Day Camp Handbook and I fully understand the methods of operations including:

1. Arrivals and Departure
2. Medical emergencies and illness procedures
3. Discipline
4. Payment Process

I understand that in the interest of my child(ren)'s safety, I or those authorized to pick-up may be required to provide photo I.D. especially until staff becomes familiar with me.

Sign and return to Coordinator

Child's Name

Parent's Signature

____ / ____ / ____
Date