

# Supplemental Childcare Registration Form

Every blank MUST be completed



## Parent/Gaurdian and Program Information

- Parent/Gaurdian Information - Completed during online registration
- Program information - Completed during online registration

## Student Information

PRINT Student's Full Name \_\_\_\_\_ My preschooler is potty trained? Yes No N/A  
Student's Address \_\_\_\_\_ Student's Home Phone \_\_\_\_\_

## Safety Information

In case of an emergency and parents cannot be reached, please contact

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_ Relation \_\_\_\_\_

Physician Name \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Hospital \_\_\_\_\_ Address \_\_\_\_\_ Phone # \_\_\_\_\_

Please list the name and phone numbers of people whom your child may be released?

Name	Relation	Phone Number
1. _____		
2. _____		
3. _____		

## Special Activities

1- For programs that take FIELD TRIPS, I give my consent for my child to participate? Yes No N/A

*\*Notification and details of all field trips are provided 2 weeks in advance of function*

2 - I authorize my child to be transported and supervised by a representative of TEGA, Inc? Yes No N/A

3 - I would like my child to participate in WATER activities?

- ASAC Seasonal Swimming
- KDO Swim Lessons
- Sprinkler Play/Baby Pool/Water Table (18 months-5yrs)

## Afterschool Care ONLY

My child attends \_\_\_\_\_ Elementary School

School Address \_\_\_\_\_ School Phone # \_\_\_\_\_

My child's Immunization record and current vision/hearing screening record are on file at the school? Yes No

Check all that apply : My child has permission to...  
 ride the TEGA bus to  
 be released to sibling under the age of 18

## Preschool/Childcare ONLY

Please check your option:

- My child has had a physical examination appointment, and I will submit a Health-Care Professional's Statement.
- I will provide a copy of the medical screening record from the EPSDT Program, if no referral for further diagnosis & treatment is indicated.
- I will provide a form or written statement from a health service or clinic.
- Parent's Statement: My child has been examined with the past year by a Health Care Professional and is able to participate in the program. Within 12 months of admission I will submit a Healthcare Professional's Statement.

Please check and sign below:

- I understand that I am providing meals for my child and TEGA, inc. is not responsible for its nutritional value, or for meeting your child's daily food needs.

Signature of Parent/Gaurdian \_\_\_\_\_ Date \_\_\_\_\_

## Administrative Requirements

Please check and sign your name by each statement

- I have received a Parent Handbook \_\_\_\_\_.
- I have received a copy of TEGA's Discipline and Guidance Policies (contained within the Parent Handbook) \_\_\_\_\_.