

## SUMMER CARE REGISTRATION FORM

### Child's Information

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Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Gender \_\_\_\_\_  
Allergies \_\_\_\_\_ Medications \_\_\_\_\_  
Personal illnesses, conditions or limitations \_\_\_\_\_  
Doctor/Hospital \_\_\_\_\_ Doctor's # \_\_\_\_\_  
Child's School of Attendance \_\_\_\_\_ Grade in Fall \_\_\_\_\_

### Parent/Guardian Information

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Mother's Name \_\_\_\_\_ Address \_\_\_\_\_ City/Zip \_\_\_\_\_  
Cell # \_\_\_\_\_ Work place \_\_\_\_\_ Work # \_\_\_\_\_  
 Email/home \_\_\_\_\_  Email/work \_\_\_\_\_  
(Place a ✓ in the box of your preferred email address)

Father's Name \_\_\_\_\_ Address \_\_\_\_\_ City/Zip \_\_\_\_\_  
Cell # \_\_\_\_\_ Work place \_\_\_\_\_ Work # \_\_\_\_\_  
 Email/home \_\_\_\_\_  Email/work \_\_\_\_\_  
(Place a ✓ in the box of your preferred email address)

At which address does your child live?     Both Parent's     Mother's     Father's

### Emergency Information

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The people you list will be called if the parent/guardian is not able to be reached

Name _____	Name _____
Relationship to child _____	Relationship to child _____
Work # _____ Cell # _____	Work # _____ Cell # _____

### Pick-up Authorization

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Please list the people/relationship to child allowed to pick your child up:

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_

### Full Time or Part Time Care

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Full Time Care ( 4-5 days per week )     Part Time Care ( 1-3 days per week )

(This registration form is only for Summer Care. To register for Afterschool, please fill out the Afterschool form.)

## Parent/Guardian Contract

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Please read the following policies carefully before signing:

1. I accept tuition is due weekly on the Monday of the week of care. Tuition will be received electronically through Tuition Express.
2. I accept UCC must be contacted if changes are needed in my child's schedule. Prior approval by the coordinator is required before changes will be accepted.
3. I understand UCC reserves the right to dismiss my child for any good cause presented by parent, guardian or child.
4. I accept UCC will be closed for the following holidays: New Year's Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the Friday following Thanksgiving, Christmas Eve, and Christmas Day. Holidays falling on a Saturday will be observed on the previous Friday and those falling on a Sunday will be observed on the following Monday. See the handbook for further clarification.
5. I accept that UCC will be held harmless from injuries occurring to my child, except as to such injuries that directly result from an act of negligence on the part of our staff.
6. I accept that in the case of emergency, I give permission to the UCC staff to have my child treated by medical personnel. I understand the UCC staff will make every reasonable attempt to contact me in the case medical treatment is necessary.
7. I accept that staff will not administer prescription/non-prescription medication until a medication permission form has been completed in full. UCC will only give prescription medicine from the original container and only if prescription is not expired.
8. I give permission to UCC to take my child on a field trip and/or to take photographs of my child with the expressed use of promotional purposes.
9. I have read the policy and procedure manual and accept the conditions listed.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_