

# Ottumwa Christian School Wee Care Registration Form

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Child's Name: \_\_\_\_\_ Date of Birth (MM/DD/YY): \_\_\_\_\_

Age: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my child \_\_\_\_\_ to participate in the Summer Care Program at Ottumwa Christian School.. I take sole responsibility for my child's participation in this program and agree not to hold Ottumwa Christian School, Mrs. MacQueen, Miss Fellows, or any representatives associated with this program liable or responsible for injuries, incidences, and/or medical expenses that might arise during my child's participation.

**1.) RELEASE:** I approve the release of my son/daughter to the following persons if I am not available. ID at time of pick up will be required. \_\_\_\_\_ (initial) Not Applicable

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**2.) DENY RELEASE:** My son/daughter SHOULD NOT be released to the following persons. \_\_\_\_\_ (initial)

Not Applicable

Name: \_\_\_\_\_ Name: \_\_\_\_\_

**3.) MEDICAL MATTERS:** I hereby state that to the best of my knowledge my child is in good health to participate in this program.

\_\_\_\_\_ (initial)

My child has the following allergies: \_\_\_\_\_ or N/A \_\_\_\_\_

**4.) EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I understand that 911 will be called to transport my child to a hospital for emergency medical treatment and I understand that I am responsible for all charges associated with this transport and treatment. \_\_\_\_\_ (initial). Please fill out Medical Release.