



# Amigos Registration Form

## School Age Care Program

2011-2012  
School Year

### Family Information: ONE FORM PER CHILD

**Childs name:** \_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ 1<sup>st</sup> Day of Care Needed: \_\_\_\_\_

**Mother/Guardian:** \_\_\_\_\_ Employer: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Father/Guardian:** \_\_\_\_\_ Employer: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Email Address:** \_\_\_\_\_ (used for billing purposes and other communications from Amigos)

Child lives primarily with: Both Parents \_\_\_\_\_ Mother Only \_\_\_\_\_ Father Only \_\_\_\_\_ Guardian \_\_\_\_\_

### Emergency Contacts (persons we may contact who may pick up your child if we are unable to reach you):

Name: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Authorized Pickup (additional persons who may pick up your child if different from above):

Name: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Relationship: \_\_\_\_\_

### Persons Not Authorized:

If there is a COURT ORDER preventing a specific person from taking your child from school or visiting with your child, please provide Amigos with a copy of this order placed in your child's school records. Be advised that if we do not have a copy of this court order on file at school/Amigos, in the case of a parent or legal guardian, we must, by law, release your child to that person if he/she requests.

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

### Payment Information:

A yearly REGISTRATION fee of \$30 per child or \$50 per family is due at the time of registration. Payment is the responsibility of the Parent/Guardian who signs this registration form. Check/Cash only to be received by mail or lock box. Monthly tuition payment is due the 15<sup>th</sup> of each month.

\* I understand that the policies in the Amigos Parent Handbook apply to all Amigos participants. It is my responsibility to be aware of these policies. The handbook is available online.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SEE REVERSE SIDE!!**

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### Health Information:

Does your child have an IEP? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, a copy must be provided to Amigos with this registration)

Does your child have any special needs—medical, physical, behavioral or emotional? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list special needs: \_\_\_\_\_

Does your child have any allergies or special dietary needs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list: \_\_\_\_\_

Is your child taking medication? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, an *Authorization for Administration of Medication at School* form must be completed and returned prior to the administration of medication to your child during Amigos. This includes any over the counter medications).

### Delivery of Care Information:

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Phone: \_\_\_\_\_

Amigos procedure will be to contact the child's parent/guardian in the event of a non-emergency situation. If a parent/guardian cannot be reached, Amigos will contact one of the persons listed above who is authorized to care for the child. Amigos has my permission to secure medical help, including the services of the rescue squad, poison control center, or the emergency room of the closest medical facility in the event of an emergency. All expenses incurred will be the responsibility of the child's parent/guardian.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Permission:

- I give my child permission to participate in Amigos activities and field trips using bus transportation or walking.

**Parent/Guardian Initials:** \_\_\_\_\_

- I give the Amigos staff permission to assist with the application of sunscreen and insect repellent as needed in Amigos.

**Parent/Guardian Initials:** \_\_\_\_\_



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