

S T U D E N T	Legal Name (Last, First, MI)	Sex		Race		Whom to call, in an emergency, when the parents cannot be reached:	
		M	F	W	NW	Name _____	Relationship _____
		Birthdate (M/D/Y)				Address _____	
		/	/	Telephone (H) _____ (W) _____			
M O T H E R		Home Street Address		Home Phone		Work Phone	
	Employed By:	City, State, Zip		Cell Phone		Emergency Number	
F A T H E R		Home Street Address		Home Phone		Work Phone	
	Employed By:	City, State, Zip		Cell Phone		Emergency Number	
Student Lives With		Child may be released to:					
Street Address		Name _____		Relationship _____			
City, State, Zip		Name _____		Relationship _____			
<p>As the parent with legal custody or legal guardianship of the above named child, I do hereby contract with the Trussville City Schools Community Education Summer Child Care Program to provide summer daycare services for my child. Payments are to be made in advance. Any late payments will be subject to a \$5.00 late charge. I realize my responsibility and obligation to pay for these services promptly and on a regular basis. I also understand that there is a \$5.00 charge for every five (5) minutes after our daily hours.</p> <p>Parent's/Guardian's Signature _____ Date _____</p>							

Child's Name _____

Insurance Information

As the parent or guardian, I understand that this Trussville Community Education Program, as part of the Trussville City School System, does not provide insurance coverage on my child and cannot therefore be held responsible for medical costs resulting from injuries incurred during participation in this program. I understand that I must have my own medical/health insurance to participate in the Summer Child Care Program.

_____ Policy Holder _____ Name of Carrier _____ Policy Number

Medical Release (to be completed by parent/guardian)

I, _____, being the parent/guardian of _____, give permission for school personnel to administer medication (as directed on the Student Medication Form) during Summer Child Care Program hours and to contact a physician if additional information is needed. If I cannot be reached in case of medical emergency, I authorize Summer Child Care Program officials to proceed as follows: [] Call family physician; [] Take child to any licensed physician, hospital or clinic; [] Other desired procedures: _____

Signature of Parent/Guardian _____ Date _____

Note: All medication should have a prescription label on the container before being sent to the Summer Child Care Program.
 List child's allergies: _____ Parent's Initials _____

I release the Trussville City Schools Summer Child Care Program, its agents and employees from any and all damages or injuries that may be incurred during the Summer Child Care Program. Parent's Initials _____

I certify that the information I have provided herein is accurate.
 Parent's/Guardian's Signature _____ Date _____