

Registration and Emergency Information



Child's Name: _____ Date Enrolled: _____ Updated: _____

Home Address: _____
Street City State Zip

Home Phone: _____

Date of Birth: _____ Sex: male female

Mother or Guardian Name: _____
Home Address: _____ Street City State Zip
Home Phone: _____ Cell Phone: _____
Business Name: _____ Work Phone: _____
Business Address: _____ Street City State Zip
Signature: _____

Father or Guardian Name: _____
Home Address: _____ Street City State Zip
Home Phone: _____ Cell Phone: _____
Business Name: _____ Work Phone: _____
Business Address: _____ Street City State Zip
Signature: _____

Email: _____

Email: _____

If Medical Care is Necessary, Call: **All information must be completely filled out – DENTIST REQUIRED**

FAMILY Doctor: _____
Name City Zip Phone

FAMILY Dentist: _____
Name City Zip Phone

Does your child have insurance coverage? No Yes Name of Insurance Company _____

In case of injury or sudden illness, I hereby give authorization for the Safari staff, or any medical professional to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

In case of an emergency, or if I cannot be contacted to pick up my child, I hereby authorize the following person(s) to pick up my child:

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Also authorized to pick up:

Name: _____ Telephone: _____

Name: _____ Telephone: _____

This Emergency Information is accurate and complete.

Signature: _____ Date: _____

***If registering for Preschool- I understand that my first time payment for Preschool is non-refundable. Yes No**

***An orientation will be done at a scheduled time for the parent and child. A tour is given and the handbook will be discussed at this time.**

***Safari has an annual hearing check done every May. This is done by the AEA. I give my permission: Yes No**