

**BREA OLINDA UNIFIED SCHOOL DISTRICT
CHILD CARE REGISTRATION FORM**

**All spaces must
be completed!**

(circle one)

SCHOOL: (Preschool A/CH/L/M/O) A CH F L M O TC GRADE: _____ BIRTHDATE: _____

CHILD'S NAME _____ Male Female
 (LAST) (FIRST) (MI) (NICKNAME)

FAMILY SURNAME _____ FATHER'S 1ST NAME _____ MOTHER'S 1ST NAME _____

ADDRESS _____ CITY _____ ZIP CODE _____

HOME # _____ CHILD'S LEGAL GUARDIAN _____ MARITAL STATUS _____

FATHER'S CELL # _____ MOTHER'S CELL # _____ E-MAIL ADDRESS _____

Child lives with: Father Mother Guardian Stepparent

Are there any legal or custodial restrictions of which we need to be aware? Yes No If yes, please attach a copy of the current custody order.

Would you like to be included in our Parent Directory? _____ Yes _____ No

FATHER'S EMPLOYER _____ ADDRESS _____

WORK HOURS _____ TO _____ TELE # _____ EXT _____

MOTHER'S EMPLOYER _____ ADDRESS _____

WORK HOURS _____ TO _____ TELE # _____ EXT _____

PERSON TO CALL IN CASE OF EMERGENCY _____ TELE # _____ hm
 (NOTE: We always call the parents first, please list a "next best" person) _____ cell

RELATIONSHIP TO CHILD _____

NAMES OF PERSONS AUTHORIZED TO TAKE YOUR CHILD HOME FROM CENTER - INCLUDE THREE PERSONS IN ADDITION TO THE PARENT(S) (must be over 18 years of age) Your child will not be permitted to leave with any person without written authorization of parent or guardian.

NAME	ADDRESS	TELEPHONE #
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NAME	ADDRESS	TELEPHONE #
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NAME	ADDRESS	TELEPHONE #
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PLEASE NOTE: In case of illness or accident at school when you are unable to contact me by telephone, I give my legal consent to have my child taken to the following physician:

Family Physician: _____ Phone Number: _____

UNIFORMED CONSENT: BREA OLINDA UNIFIED SCHOOL DISTRICT IS EXTREMELY PROUD OF ITS INSTRUCTIONAL PROGRAM IN ATHLETICS, PHYSICAL EDUCATION AND ACTIVITIES. EVERY PRECAUTION AND SAFEGUARD IS TAKEN TO INSURE THE SAFETY OF OUR STUDENTS. HOWEVER, PRECEDENTS SET BY RECENT LITIGATION HAVE CREATED A DEMAND ON SCHOOL DISTRICTS TO WARN STUDENTS OF THE RISK INVOLVED IN ATHLETIC/ACTIVITIES PARTICIPATION, AN INJURY, PARALYSIS, AND IN SOME EXTREME CASES, DEATH CAN OCCUR IN ANY ENDEAVOR. YOUR SIGNATURE ON THIS CARD INDICATES THAT YOU HAVE READ THIS STATEMENT.

DISASTER EVACUATION INSTRUCTIONS

In the event of a disaster, state law authorizes school authorities to release students to parents/guardians or other adults as approved by parents. Telephones may be useless in a disaster such as an earthquake, and you may be unable to come to school to obtain the release of your child. Therefore, please list other adults (neighbors, friends, etc.) who could come to school for your child. This list will ONLY be used in the event of a disaster evacuation. In a disaster evacuation, my daughter/son may be released to any adult listed below.

NAME	RELATIONSHIP	TELEPHONE #
_____	_____	_____
_____	_____	_____

Name of out-of-state contact: _____

Parent Signature: _____ Date: _____