

Esperanza School
Rainbow Kids Club

Registration Form 2011

Enrollment Date		
Name of Child	Date of Birth	Age
Address (#, street, City, State, Zip)		
Parent Name	Home Phone	
Email	Alternate Phone (work, cell, pager)	
Parent Name	Home Phone	
Email	Alternate Phone (work, cell, pager)	

Please list EMERGENCY CONTACT PERSONS other than parents

Name and relationship to child	Phone
Name and relationship to child	Phone
Name and relationship to child	Phone

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

In the event I cannot be reached to make arrangements for emergency medical care at the time of illness or accident, I hereby authorize Esperanza School and its caregivers to take my child to:

Doctor's Name, Address and Phone
Hospital Name

or other licensed physician.

Signature of Parent or Legal Guardian	Date Signed
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For Office Use: Membership Paid On:	Form of Payment:
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