

- Cuddlebugs (3 mos – 11 mos)
- Caterpillars (1 year old)
- Butterflies (2 years old)
- Preschool 3 (3 years old)*
- Preschooll 4 (4 years old)*

*Preschool 3 & 4 see Preschool at the Creek registration form – www.cccatx.org

Office Use Only
Date Enrolled: _____
Reg. Paid: _____
Check No. _____

Registration - \$75 (paid at enrollment)

NOTE: Child needs to be age of class by June 1

Canyon Creek
MOTHER'S DAY OUT
 REGISTRATION FORM
 2008-2009

Child's Name: _____ Date of Birth: _____

Address: _____ City/Zip: _____ Phone: _____

Email Address: _____

Days Enrolled (Please check one):

T/Th _____ T/W/Th _____ T _____ W _____ Th _____ Other _____ (3& up)

Name, Address and Numbers where parents can be reached while child is in our care:

Father _____ Mother _____

Employer _____ Employer _____

Address _____ Address _____

Work Phone _____ Work Phone _____

Driver's License No. _____ Driver's License No. _____

Child Lives with:

- Both Parents Mother Father Other

Brothers/Sister and Ages _____

Two people who can be reached in case of an emergency if parents or guardian cannot:

Name	Address	Relationship	Phone
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Name	Address	Relationship	Phone
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Parent's Signature _____ Date _____

PARENT OR GUARDIAN AUTHORIZATION FOR CONTINUOUS SUPERVISION AND RELEASE OF CHILD

A Canyon Creek staff member will be made aware when my child, _____, arrives at and departs from Canyon Creek Mother's Day Out or Kid's at the Creek summer program.

I hereby authorize that my child _____, may be released by a Canyon Creek staff member ONLY to the following persons and the child's parents.

Name	Address	Phone	DL#
Name	Address	Phone	DL#
Name	Address	Phone	DL#
Name	Address	Phone	DL#

Signature of Parent or Guardian

Date

PARENT OR GUARDIAN PERMISSION FORM AND AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event I cannot be reached to make arrangements for medical care, I authorize the person in charge to take care of my child to:

Name of Physician _____ Address _____ Phone _____

Name of Emergency Medical Care Facility _____ Address _____ Phone _____

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Parent's Signature: _____ Date: _____

If no Emergency Medical Care Facility is listed, your child will be taken to Richardson Regional Medical Center, located at 401 W. Campbell Rd. Richardson, TX 75080 (972) 498-4000

Insurance Company _____ Group Policy No. _____
Name of Insured _____ ID No. _____
Parent's phone # (Home) _____ (Work) _____ (Cell) _____
Date _____ Signature of Parent or Guardian _____

State of Texas

Before me, the undersigned authority, on this day personally appeared _____, proved/known to be the person whose name is subscribed above, and acknowledge to me that he/she executed the same for the purpose therein expressed, sworn and subscribed before me this _____ day of _____, 20____.

_____, Texas
Notary Public in and or