

NWC CHILDREN'S LEARNING AND CARE CENTER
REGISTRATION FORM-SCIENCE CAMP

PARENTS NAME: _____

ADDRESS/PHONE: _____

EMERGENCY CONTACT: _____

ADDRESS/PHONE: _____

SCIENCE CAMP SESSION (AM OR PM): _____

CHILDREN'S NAMES/BIRTH DATES: _____

WHERE PARENT CAN BE REACHED DURING THIS TIME? _____

WHO IS PICKING THE CHILDREN UP? _____

As part of the consideration for the NWC Child Care Center staff, we relieve them of all legal obligation while our children are in their facility or in their attendance, except in the case of negligence of the child care staff.

If a sudden illness or other serious medical emergency should occur and I cannot be reached, I hereby authorize the person in charge to call my physician _____ or take my children to the nearest emergency clinic to receive treatment, anesthesia, surgery as deemed necessary by my physician or the physician on call for him.

Parent's Signature: _____ Date: _____