



## General Meeting Childcare Registration

Name(s) and Age(s) of Child(ren): \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Best telephone #s in case of emergency during meeting: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Does your child have any health concerns of which we should be aware? Yes \_\_\_ / No \_\_\_ (if yes, please describe) \_\_\_\_\_

Allergies? Yes \_\_\_ / No \_\_\_ (if yes, please describe) \_\_\_\_\_

Medication? Yes \_\_\_ / No \_\_\_ (if yes, please describe) \_\_\_\_\_

Medical Insurance Provider / Physician / Physician Contact Info: \_\_\_\_\_

The following people, in addition to the parents listed above, are authorized to pick up my child after the General Meeting: \_\_\_\_\_

- ✓ I agree that childcare is provided as a service to my family by PACE so that I may attend the General Meeting.
- ✓ I agree to remain on-site for the entirety of my child(ren)'s time in childcare.
- ✓ In case of emergency where I cannot be reached, I grant consent to the childcare parent supervisors to authorize medical care for my minor child(ren).

Signed: \_\_\_\_\_

Date: \_\_\_\_\_