MERCER COUNTY CYO BEFORE/AFTER SCHOOL PROGRAM AT KLOCKNER SCHOOL

453 Yardville-Allentown Road Yardville, NJ 08620 Phone: (609) 585-4280 Fax: (609) 585-2435

REGISTRATION FORM

Before School	After School	Befo	re & After School
Date of Enrollment		Home Pho	ne
Child's Last Name	First Name		
Date of Birth	Current Age Gender		
Address			
City	Sta	ate	_ Zip Code
Mother's Name]	Father's Name _	
Mother's Employment	l	Father's Employ	yment
Employment Address	·	Employment A	ldress
Mother's Work Phone		Father's Work	Phone
Mother's Cell Phone		Father's Cell Phone	
Does the child live with both parents?		Any custody problems?	

PICK-UP AUTHORIZATION

The following person(s) are authorized, in addition to mother and father, to pick up my children from the CYO Before/After School Program at Klockner School.

Name	Phone #	Relationship to Child
Name	Phone #	Relationship to Child
Name	Phone #	Relationship to Child

Primary Care Physician

Name of child's physician _____

Contact Phone Number _____

Tylenol/Motrin Permission Form

If my child spikes a temperature during the course of the program, and either parent is contacted by phone for verbal approval, I hereby give permission for a staff member of the CYO to administer Tylenol/Motrin to my child. Until either parent arrives, the appropriate dosage will be given according to the child's age and weight.

Signature of Parent or Guardian

Date

Benedryl Permission Form

If my child has an allergic reaction during the course of the program, and either parent is contacted by phone for verbal approval, I hereby give permission for a staff member of the CYO to administer Benedryl to my child. Until either parent arrives, the appropriate dosage will be given according to the child's age and weight.

Signature of Parent or Guardian

Date