



Child Information:

Child's Full Name: _____
 Child's Date of Birth: ____/____/____ Age: ____ Grade: ____ Sex: ____
 Custody: Mother Father Both Other: _____
 Child currently lives with: Mother Father Both Other: _____

Family Information:

Guardian Name (1): _____ Guardian Name (2): _____
 Address: _____ Address: _____
 Home Phone: _____ Home Phone: _____
 Cell Phone: _____ Cell Phone: _____

Medical Information:

Doctor: _____ Phone: _____ Hospital Preference: _____

Does your child take any medication: Yes No

If yes, which ones and why: _____

If your child needs to take medication at Parent's Night Out, please fill out our medication form

Please check any medicine that Sun Country can administer:

Anti-Itch Cream Antibiotic Ointment Sunscreen Other: _____

Indicate any medical conditions that may affect your child's behavior: _____

Does your child have any allergies: Yes No

If yes, please specify the allergy: _____

Does your child have any restrictions to activities: Yes No

If yes, please specify: _____

Pick Up Information:

The following individuals are authorized to pick up my child from Parent's Night Out: (Include yourself and/or spouse)

1. Parent/Guardian: _____ Relation: _____ Cell Phone: _____
 2. Additional: _____ Relation: _____ Cell Phone: _____
 3. Additional: _____ Relation: _____ Cell Phone: _____

Registration Agreement:

Please review the following and initial

Medical:

I hereby grant permission for the staff of this facility to contact the listed medical personnel to obtain emergency medical care if needed.

Special Food Consumption (Optional):

I grant permission for my child to eat snacks beyond what we provide at snack time (i.e. birthday cake for special occasions) during Parent's Night Out 2018.

Department of Children and Families (DCF) Required Acknowledgement:

I acknowledge the following:

- I have received a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24) per section 402.3125(5) F.S.
- I have received a copy of the Child Care Facility Brochure, "The Flu - A Guide for Parents" (CF/PI 175-70) per DCF requirements
- A written copy of Sun Country's discipline policy is available for review by the parent(s) per section 65C-20.010(6)(c) F.A.C.
- A written copy of the Sun Country's food and nutrition policy is available for review by the parent

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY: Amount Due: _____ Cash / CC / Auto-Pay

Sun Country Waiver Membership Expiration Date: _____