

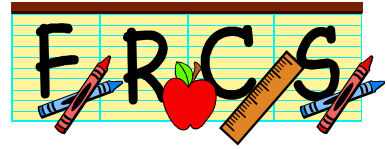
# Forest Ranch Explorers Club

*FRCS Before and After School Programs*

15815 Cedar Creek Rd., Forest Ranch, Ca 95942

• Phone: (530) 891-3154 • FAX: (530) 891-3155

[www.forestranch-school.org](http://www.forestranch-school.org)



## REGISTRATION FORM

Complete and return this form to the Forest Ranch Charter School (FRCS) office at: 15815 Cedar Creek Rd., Forest Ranch, CA. A registration form must be completed for each child who plans to enroll in the Forest Ranch Explorers Club for drop-in and/or monthly care. Students will not be allowed to attend the Forest Ranch Explorers Club, without a completed registration form on file prior to the child's first day of attendance. The Forest Ranch Explorers Club is only available to students currently enrolled in FRCS.

<b>Child's name</b>	<b>First:</b>	<b>Last:</b>
<b>Child's date of birth</b>		
<b>Parent/guardian name</b>	<b>First:</b>	<b>Last:</b>
<b>Circle relationship to child:</b>	Mother	Father                      Legal Guardian
<b>Parent/guardian contact information</b>	<b>Home #:</b>	<b>Cell #:</b>
	<b>Work #:</b>	<b>Email:</b>
	<b>* Please circle the number you would like FRCS to call first, in case we need to reach you during the hours of care. *</b>	
<b>Street Address</b>		<b>City:</b>
	<b>State:</b>	<b>Zip:</b>
<b>Mailing Address</b>		<b>City:</b>
	<b>State:</b>	<b>Zip:</b>
<b>Others authorized to drop-off/pick-up child</b>	<b>Name:</b>	Relationship to child:
	<b>Name:</b>	Relationship to child:
	<b>Name:</b>	Relationship to child:

Please select one or more of the following options and check the day(s) for which you need/want care for your child.

**I need/want to enroll my child in Before School Care ONLY on the following days:**  
**M\_\_\_T\_\_\_W\_\_\_Th\_\_\_F\_\_\_**

**I need/want to enroll my child in After School Care ONLY on the following days:**  
**M\_\_\_T\_\_\_W\_\_\_Th\_\_\_F\_\_\_**

**I need/want to enroll my child in Before AND After School Care on the following days:**  
**M\_\_\_T\_\_\_W\_\_\_Th\_\_\_F\_\_\_**

**I need/want to enroll my child in the optional drop-in care, for which I will pay the hourly rate via a pre-paid punch card. I understand that I should call ahead of time (whenever possible), to determine availability; and must adhere to the program guidelines with respect to rates and hours of operation.**

If you anticipate your needs for before/after school care changing regularly, there is no need to complete a new registration form. Instead, please complete the **Options for Care Form**, available at the FRCS office or in the Explorers Club classroom.

**EMERGENCY CONTACT INFORMATION:**

Emergency Contact other than parent/guardian listed above	<b>First:</b>	<b>Last:</b>
	<b>Phone:</b>	Relationship to child:
Emergency Contact other than parent/guardian listed above	<b>First:</b>	<b>Last:</b>
	<b>Phone:</b>	Relationship to child:
Emergency Contact other than parent/guardian listed above	<b>First:</b>	<b>Last:</b>
	<b>Phone:</b>	Relationship to child:
Emergency Contact other than parent/guardian listed above	<b>First:</b>	<b>Last:</b>
	<b>Phone:</b>	Relationship to child:

**CONSENT TO TREAT:**

**Consent to Emergency First Aid & Transportation:**

I authorize my child, \_\_\_\_\_ to receive emergency first aid treatment by a staff member of the Forest Ranch Explorers Club Before & After School Program or another FRCS staff/teacher should it be necessary. I will hold FRCS and its staff harmless. I authorize my child to be transported by emergency medical services should it be deemed necessary.

**Parent/guardian signature:** \_\_\_\_\_

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

**Consent to Medical Care and Treatment:**

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician. I will hold FRCS and its staff harmless.

**Parent/guardian signature:** \_\_\_\_\_

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

**HEALTH & MEDICAL INFORMATION:**

<b>Child's Physician</b>	<b>Name:</b>	<b>Phone:</b>
<b>Physician address</b>		<b>City:</b> <b>State:</b>
<b>Preferred Hospital</b>		<b>City:</b> <b>State:</b>
<b>Name of insurance company</b>		<b>Policy No:</b> <i>and/or</i> <b>Group No:</b>

Child's regular medications: \_\_\_\_\_

Special health conditions: \_\_\_\_\_

Medicine allergies: \_\_\_\_\_

Food allergies: \_\_\_\_\_

Other allergies: \_\_\_\_\_

Notes from parent(s) to Forest Ranch Explorers Club staff: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Parent/guardian signature:** \_\_\_\_\_

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

**RETURN DOCUMENT TO FRCS OFFICE PRIOR TO FIRST DAY OF ATTENDANCE**