



Fun Stop Registration

Pillager Family Center
323 East 2nd St. S. Pillager, MN 56473
218-746-2140

Four Digit Code: _____

Registration Date: _____

Family's main Email _____ Emergency Phone: _____

Child's Name: First _____ Middle _____ Last _____

Gender: M F Birthdate: _____ Current Age _____ Preferred Name: _____

Child's Grade/Teacher _____

List any existing medical conditions, medication and /or special attention your child may require.

Allergies: _____

Clinic/Doctor Name: _____ Phone: () _____

Address: _____

Is there any other information that would be helpful to our staff? _____

Parent/Guardian 1: _____

Address: _____ City: _____ Zip: _____

Personal Cell Phone: () _____ Home Phone: () _____

Email: _____ Work Phone: () _____

Marital Status: Married Single Divorced Separated Widowed Other

Parent/Guardian 2: _____

Address: _____ City: _____ Zip: _____

Personal Cell Phone: () _____ Home Phone: () _____

Email: _____ Work Phone: () _____

Marital Status: Married Single Divorced Separated Widowed Other

Child Lives with: _____

County of Residence _____ Secondary Language _____

REQUIRED: In the event of an emergency or if we are not able to reach a parent, please provide the name and phone number of at least two Emergency Contacts and/or people authorized to pick up your child.

Name: _____ First telephone number: _____

Address: _____ Second telephone number: _____

Relationship to child: _____ Authorized to pick up? Y N Emergency Contact? Y N

Name: _____ First telephone number: _____

Address: _____ Second telephone number: _____

Relationship to child: _____ Authorized to pick up? Y N Emergency Contact? Y N

Please list anyone that is NOT allowed to pick up your child.

Name: _____ Document on file/date _____

Parent/Guardian Signature _____ Date _____

Fun Stop Program Policies and Procedure Agreements for Registration:

- I have read, understand and agree to abide by all policies, procedures and fees stated in the Handbook provided. Please review these policies with your child as appropriate. Initial _____
- I have read, understand and agree to the behavior policy. Initial _____
- I understand that fees are charged in advance for the next week and are due on Thursdays. I understand that I am responsible to pay for care regardless of attendance, sickness or program closure based on the commitment registration form submitted each month. Initial _____
- I understand that consistent and/or often late pick up may result in removal from the program. Initial _____
- My child may participate in field trips off site with prior parent notification. Initial _____
- I understand PG rated movies will be shown occasionally. Initial _____
- I understand that exchange of information between the Fun Stop staff and the School District staff may be needed to provide the best care for your child. Initial _____
- I understand that the Fun Stop staff will apply sunscreen and insect repellent to my child according to the manufacturer's instructions. The center provides the sunscreen and insect repellent and charges a monthly fee as part of the program fees. Initial _____
- I understand that my child may have his/her picture and/or name in publications, presentations, newspaper articles, social media and other related publicity promoting Fun Stop. Initial _____

I understand that the Fun Stop Program cannot be held responsible for unseen circumstances and events that may occur during this time. While the Fun Stop Program strives to provide accurate information, I understand that the Fun Stop Program staff will use their best judgment and training in providing a safe experience for all of the participating students. I understand that if there are repeated violations to the expectations outlined in the handbook, the Fun Stop Program may revoke child care services.

Parent /Guardian Signature: _____ Date: _____

EMERGENCY AUTHORIZATION:

State Law requires that we have written Authorization from a child's legal guardian to seek medical help in the event of a medical emergency. Signing this statement at the bottom of this page will provide us that authorization.

Our policy, in the event of a medical emergency is to contact the parent or guardian first. If we are unable to contact you, we will try to contact other authorized persons whose names have been provided.

In the event we are unable to contact you or the designated emergency contact persons, and if the medical emergency warrants an immediate response, we will act on your behalf and the best interests of the child.

Parent /Guardian Signature: _____ Date: _____