

**HOMESCHOOLERS ON A MISSION  
CHRISTMAS OUTING CHILD CARE  
REGISTRATION FORM**

**Cost: \$25.00 for the 1st child \$5.00 for each additional**

**Child's Name** (*One Form Per Child*): \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

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

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Secondary Phone #:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Emergency Contact Name: Phone #:** \_\_\_\_\_

**How did you hear about us:** \_\_\_\_\_ ?

**Do you have a Homeschool Group:** \_\_\_\_\_ ?

**Allergies or Medical Concerns:** \_\_\_\_\_

**Use back of form if need be**

**EMERGENCY INFORMATION AND MEDICAL AUTHORIZATION**

Purpose of the following information: To enable parents and guardians to authorize the provision of emergency treatment for \_\_\_\_\_, who become ill or injured while under HOME authority, (*when parents or guardians cannot be reached.*)

In the event, reasonable attempts to contact me at (phone # \_\_\_\_\_) have been unsuccessful, I hereby give my consent for: (1) The administration of any medical treatment deemed necessary by (physician) Dr. at phone # \_\_\_\_\_ or (Dentist) `Dr. at phone# \_\_\_\_\_, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to (preferred hospital) or any other hospital reasonably accessible. Facts concerning the child's medical history including allergies, medications being taken and any physical impairments to which a physician should be alerted are as follows: \_\_\_\_\_

\_\_\_\_ **I do not** give consent for HOME authorities to contact any medical professionals in the event of an emergency.

By signing the below, I agree with the statements made on this form and will not hold HOME or any of its employees liable for any wrong doing.

Parent/Legal Guardian: (print name) \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_