



South Shore Children's Center
of West Islip, Inc.
350 Higbie Lane
West Islip, NY 11795
631-376-1234 FAX 631-376-1313
WWW.SSCLC.COM



Registration, Identification & Emergency Information

Child's Name: _____ M / F

Date of Birth: _____ Session Code: _____

Address: _____

City: _____ State: _____ Zip Code _____

Does your child have any known allergies? _____

Treatment: _____

Parent #1/Guardian Name: _____

Telephone# _____ Cell/Beeper# _____

Employment _____ Phone # _____

Parent #2/Guardian Name: _____

Telephone# _____ Cell/Beeper# _____

Employment _____ Phone # _____

Child's Physician: _____ Phone# _____

Emergency Hospital Preference _____

Email Address _____



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Authorized Pick-Up/Emergency Closing Record

Child's name: _____ Session: _____

To ensure the safety of your child/children we will under no circumstance release your child/children to any person(s) not listed below without prior authorization from the parent/guardian. NO EXCEPTIONS.

Please list any and all persons authorized to pick up your child/children after school or in the event of an emergency closing as well as their address and preferred phone number.

Parent 1	Address	Phone #
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Parent 2	Address	Phone#
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Name/Relationship	Address	Phone#
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Name/Relationship	Address	Phone #
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Name/Relationship	Address	Phone #
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Name/Relationship	Address	Phone#
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All authorized pick up persons will need to submit a photo I.D. the first time they pick up your child/children. A copy will be retained in the child's file for future use. If possible, please notify your pick up person of this policy prior to pick up. No child will be released to anyone who cannot provide I.D.

***If at all possible, please submit copies of the photo ID of those authorized to pick up prior to the beginning of school.**

Please sign below



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Medical Release

In the event a child requires medical attention, the following steps will be taken by the Director or Acting Director to obtain necessary medical care. These steps include, but are not limited to:

- Contact Emergency Services via 911
- Attempt to contact parent(s)/guardians(s)
- Attempt to contact child's physician
- Attempt to contact parents(s)/guardians via the emergency contact person(s)

Any expenses incurred in obtaining medical attention for a child will be the responsibility of the parents(s)/guardian(s).

I understand the information given above, and therefore give permission for my child/children to receive emergency medical attention if necessary.

Parent/Guardian Signature _____

Photo Release

(sign one or the other)

I do give permission for my child's photo to be used on our Facebook page.

 Parent/Guardian signature

I do not give permission for my child's photo to be used on our Facebook page.
 our Facebook age.

 Parent/Guardian signature