



## South Shore Children's Center

140 West Main Street    160 Sunrise Highway  
East Islip, NY 11730    West Islip, NY 11795  
Phone (631) 581-1234    Phone (631) 376-1234  
Fax (631) 581-1113    Fax (631) 376-1313

[www.ssclc.com](http://www.ssclc.com)



### Registration, Identification & Emergency Information

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Session Code: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Does your child have any known allergies? \_\_\_\_\_

Treatment: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_

Telephone# \_\_\_\_\_ Cell/Beeper# \_\_\_\_\_

Employment \_\_\_\_\_ Phone # \_\_\_\_\_

Father/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 person authorized to pick up your child/children after school or in the event of an emergency closing:

Mother	Phone#	Cell#
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Father	Phone#	Cell#
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Name	Phone#
------	--------

Name	Phone#
------	--------

Name	Phone#
------	--------

Name	Phone#
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All authorized pick up persons will need to submit a photo I.D. the first time they pick up you child/children. A copy will be retained in the child's file for future use. 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.

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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

I do give permission for my child's photo to be used on the SSCLC website photo gallery page @ SSCLC.COM \_\_\_\_\_.

Parent/Guardian signature

I do not give permission for my child's photo to be used on the SSCLC website photo gallery page @ SSCLC.COM \_\_\_\_\_.

Parent/Guardian signature