



Lions Lair Registration Form

Complete and return this registration form to school office
(Even if you already registered in TADS)

Mothers Name: _____ Fathers Name: _____

Mothers Phone 1: _____ Fathers Phone 1: _____

Mothers Phone 2: _____ Fathers Phone 2: _____

Mothers Email: _____ Fathers Email: _____

Address: _____

City/State/Zip: _____

Child #1

Name: _____

Date of Birth: _____

Grade: _____

Male _____ Female _____

Child #2

Name: _____

Date of Birth: _____

Grade: _____

Male _____ Female _____

Child #3

Name: _____

Date of Birth: _____

Grade: _____

Male _____ Female _____

Child #4

Name: _____

Date of Birth: _____

Grade: _____

Male _____ Female _____

Individuals who are NOT AUTHORIZED to pick up my child:

Name: _____

Relationship: _____

EMERGENCY/MEDICATION INFORMATION

I understand that Notre Dame Kids Care staff will administer minor first aid and will seek medical and/or dental assistance after reasonable efforts have been made to contact the parent or guardian. "Reasonable efforts" shall be defined on a case-by-case basis when viewed in light of the emergency at hand.

Parent or Guardian Signature:

In the event of an emergency, if you are unable to be reached, Lion's Lair will contact the following person who will be able to pick up your child and care for him/her if you are not available.

Name: _____

Relationship: _____

Phone: _____

PHYSICIAN

DENTIST

Name: _____

Name: _____

Phone: _____

Phone: _____

Address: _____

Address: _____

Insurance Co.: _____

Insurance Co.: _____

Policy Number: _____

Policy Number: _____

Allergies/Medications _____

(Please be specific, this sheet will be kept in the Lion's Lair office)

Please list any health issues that we should be aware of:

\$45 Registration Fee Paid:
 TADS Attached Check