

RALLY REGISTRATION AND CONTACT INFORMATION
School Year 2011 - 2012

~Staff use area~	
Quarterly updates (initial and date)	
winter	spring

CHILD'S NAME (last, first): _____

First time RALLY enrollment

Siblings in RALLY : _____

Parent/Guardian 1: _____

Mailing address: _____

City, Zip code: _____

Physical Address: _____

Parent/Guardian 2: _____

Mailing address: _____

City, Zip code: _____

Physical Address: _____

School: _____

Bus #: _____

Grade: _____

Date of Birth: _____

Male _____ Female _____

Home # _____

Cell # _____

Work # _____

Employer: _____

Email: _____

Home # _____

Cell # _____

Work # _____

Employer: _____

Email: _____

Emergency Contacts and/or those authorized to pick up your child if you cannot be reached (at least one):

Contact 1: _____ Home #: _____ Work #: _____ Cell #: _____

Contact 2: _____ Home #: _____ Work #: _____ Cell #: _____

Child's regular doctor/medical care provider: _____ Phone: _____

Medical Provider Address: _____

Child's regular clinic/hospital _____ Phone: _____

Describe any special dietary needs: _____

Does this child take medication? ___ Yes ___ No If so, what medications: _____

Does this child have allergies? ___ Yes ___ No Please provide medical note for allergies. What is the reaction?: _____

What treatment is required if allergic reaction occurs: _____

Any information / concerns about this student you would like us to know? _____

Please provide a copy of your immunization records for you child. All immunizations must be up to date, including TWO Varicella Vaccines (or doctor's certification of having had chicken pox), PRIOR to attending RALLY Copy of immunizations attached? _____ Yes _____ No (STAFF please initial and date receipt of records: _____ date: _____)

Alaska Child Care Regulations prohibit child care providers from dispensing medicine, including Tylenol and vitamins, without written permission and instructions. All medication must be kept in the original container and labeled with the child's name. For prescription medication a "Medication Administration Authorization" form must be completed prior to medication being administered.

In order to meet State Licensing requirements and provide the best care for your child please indicate if your child has an IEP or has been identified as a special needs child. _____ Yes _____ No If yes, please schedule a "Plan of Care" meeting with the Site Manager to discuss your child's special needs prior to first day of attendance.

OPTIONAL - Children's Racial Identities: Mark one ethnic identity: Hispanic/Latino Not Hispanic/Latino
 Check one or more racial identities: Alaskan Native/American Indian Asian Black Native Hawaiian/Other Pacific Islander White Other

The above information is correct:

Printed name of Parent or Guardian _____
Signature of Parent or Guardian

Signature of Parent or Guardian for receipt of RALLY Policy handbook _____
Date

TWO-SIDED FORM: PLEASE COMPLETE THE OTHER SIDE OF THIS FORM