



It's About the Children!

AVIAT CARE REGISTRATION FORM	
	You must fill out one form per student.
Student's name	
Grade & teacher	
Street	
City, state & zip	
Home phone	
Parent and Guardian Information	
Father's name	
Home Address	
Home Phone	
Cell phone and email	
Place employed & work phone	
Mother's name	
Home Address	
Home Phone	
Cell phone and email	
Place employed & work phone	
	If both parents do not have custody, please indicate custody below. We must have a copy of any court documents regarding custody.
Person with legal custody	
Address & phone, if different	
Cell phone and email	
Place employed & work phone	
	<i>Please see page 2.</i>

	Student Health Information
	<i>Please list any chronic physical problem, developmental information or special accommodations needed.</i>
Health problems	
	<i>Please list any allergies or intolerance to food or medication. Please include action to be taken in an emergency caused by this allergy.</i>
Allergies or food intolerance	
Pediatrician's name	
Address & phone	
	Emergency Contact Information – give 2
Name & phone	
Address	
Name & phone	
Address	
	Persons authorized to Pick Up Child
Name & phone and relationship	
Name & phone and relationship	
	Persons not authorized to pick up child. If a parent, legal document required
Name and relationship	
Name and relationship	
	The Aviat Care program agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible if requested by the director.
	The parent/guardian authorizes the Aviat Care Program to obtain immediate medical care if any emergency occurs when the parent/guardian can not be located immediately.
	Parents will inform the Aviat Care Program within 24 hours if the child or any member of the household has developed any reportable communicable or life-threatening disease.
	Parents agree to pay their Aviat Care bill within one week of receipt. The registration fee of \$40 per family is enclosed.
	A copy of the student birth certificate is on file in the school office.
Parent Signature and date	