



2024 Summer Registration scca_kids@yahoo.com

Child's Name:

Guardian:
 Address:
 Home Phone:
 Work Phone:
 Cell Phone:
 E-mail:

Guardian:
 Address:
 Home Phone:
 Work Phone:
 Cell Phone:
 E-mail:

Authorized Pick-up: Please indicate one or two contacts that are permitted to pick your child up from SCCA.

1. Name: <input type="text"/> Phone: <input type="text"/>	Relationship: <input type="text"/> Phone #2: <input type="text"/>
2. Name: <input type="text"/> Phone: <input type="text"/>	Relationship: <input type="text"/> Phone #2: <input type="text"/>

Emergency Contacts: Please indicate contacts that may be contacted in case parent/guardian can't be contacted.

1. Name: <input type="text"/> Phone: <input type="text"/>	2. Name: <input type="text"/> Phone: <input type="text"/>
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Medical Information: As per Oregon's Child Care Division rules, please provide the following information.

Child's Doctor & Phone Number:
 Child's Dentist & Phone Number:
 Allergies and/or Medical Conditions:

Please check appropriate boxes and sign below.

- With prior notice, my child may be taken on field trips, by bus, and may go on walks properly supervised.
- My child may participate in swimming events with SCCA.
- As legal guardian, I hereby authorize Stephenson Children's Care Association to consent to medical or surgical treatment for my child when the child is brought in for treatment, and when parent or guardian cannot be reasonably located. An ambulance may be called if necessary.
- I agree to pay for services rendered.

Signature: _____ Date: _____

STEPHENSON

THE HIVE

Full Week Individual days

C-Y-O-A

Week 1: June 20-21

M | TU | W | TH | F

Week 1: Thursday Friday

Week 2: June 24-28

Week 2:

Week 3: July 1-5

Week 3:

Week 4: July 8-12

Week 4:

Week 5: July 15-19

Week 5:

Week 6: July 22-26

Week 6:

Week 7: July 29- Aug 2

Week 7:

Week 8: Aug 5-9

Week 8:

Week 9: Aug 12-16

Week 9:

Child Care Division Requirement: Medical Authorization for Non-Prescribed Medications

Sunscreen is a topical substance and is considered a medication. With your signature, you authorize SCCA to apply the sunscreen seen below to your child when necessary. Please provide your own sunscreen if unable to authorize use of this brand.

Parent Signature

Date



Child Care Division Requirement: Special Transportation Arrangements



Office of Child Care requires a written plan of transportation arrangements between the child care facility and the parent or guardian of the child for extracurricular activities.

_____ attends **SCCA**
Child's Name Child Care Program

Please allow SCCA to transport my child via **Head Start Bus** between the child care facility and the scheduled destination, as posted at child care facility.

Parent Signature

Date