

Telephone Number: () _____ - _____ Work () _____ - _____

Cell Number: () _____ - _____

Does your child have any medical problems (i.e., allergies, asthma, diabetes, ADHA etc.) if so please explain fully:

Does your child have any fears (i.e., scared of bugs, water, heights, dogs, etc.)

List Medication your child is currently taken

Liability Contract

21st Century Community Learning Center of Think Smart Outreach Center, Inc. (TSOC) is not liable for any accidents that occur while your child attends the center or any other activities in which they are engaged in under TSOC staff member, tutor, mentor, or volunteer unless the accident occurred because of TSOC's **malicious negligence**.

Insurance Name: _____ Number: _____

Medicaid Number: _____

Doctor's Name: _____

Doctor's Address: _____

Doctor's Telephone Number: () _____ - _____

Pick up Procedure:

Please list below the names of the individual(s) that have permission to pick your child up from the program. Reminder the people that you list will be allowed to pick your child up if someone's name is not on the list they will not be allowed to pick your child up from the program.

- | | |
|----|----|
| 1) | 5) |
| 2) | 6) |
| 3) | 7) |
| 4) | 8) |

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