



323 S. 5th Avenue Sturgeon Bay, WI 54235 ~ 920/559-6217 ~ pathsbmc@charterinternet.com ~ Website: www.sturgeonbaymoravian.org and click on P.A.T.H.

P.A.T.H. Care Initial Registration Form

Child's Name: _____ Age: _____ Address: _____

Mother's Name: _____ Home Phone: _____ Cell Phone: _____

Father's Name: _____ Home Phone: _____ Cell Phone: _____

I give permission for my child to participate in P.A.T.H. Care. I understand that I must attend an orientation meeting prior to my child attending this program. I also understand that my child will be required to follow basic safety guidelines listed on the back of this form while attending P.A.T.H. Care. If my child does not follow the necessary guidelines he/she will be dismissed from the program.

X _____
Parent or Guardian

X _____
Parent or Guardian

TUITION COST: P.A.T.H. Care parent tuition portion is \$10 per day. Additional costs for the program will be paid by PATH through a grant obtained for respite care services.

DATES/TIMES: PATH Care will be provided on the first Saturday of each month February – June. Hours are 9:30 a.m. – 2:30 p.m. Please be aware that you may only register for one (1) month at a time. Applications for participation will be accepted on the **15th** of the month **pre-ceeding** the month you wish to attend.

EMERGENCY CONTACTS: In an **Emergency** situation when we cannot reach you, please list three people who have agree to take responsibility for your child and have consented to the release of their address and phone number so we may reach them as an alternative. Please list them in the order in which you would like us to call.

1st Contact Name: _____ Relationship to child: _____ Day Phone: _____ Cell Phone: _____

Address: _____

2nd Contact Name: _____ Relationship to child: _____ Day Phone: _____ Cell Phone: _____

Address: _____

3rd Contact Name: _____ Relationship to child: _____ Day Phone: _____ Cell Phone: _____

Address: _____

OVER

Safety Guidelines

We are aware that special needs children have unique and individual differences. We understand that there may be times when a child may express themselves in a way that is not necessarily acceptable, including biting, hitting, screaming, kicking, throwing or swearing. Every precaution will be taken to insure the safety of self and others. Any time a behavioral intervention (such as time-out) is utilized with a child parents will be notified at the time of pick-up. If the child's behavior becomes such that the ongoing safety of self and others is compromised, then parents will be called immediately to pick-up their child. In the event we are unable to reach either parent, then emergency contacts will be called.

Parent Authorization for Emergency Medical Care

If deemed necessary your child will be sent to the emergency room via ambulance. This will only be done if staff is unable to reach a parent or emergency contact within a reasonable amount of time from the time the emergency arises. If a serious issue arises, staff may call 911 first and then the contact. **As a parent/Guardian, I hereby give my consent for emergency medical care or treatment to be accessed by P.A.T.H. Care staff only if I cannot be reached immediately.**

Parent/Guardian signature _____ **Date** _____

Photo Release

In order to offer programs like this P.A.T.H. must continually seek funding. Please sign this photo release to allow us to take pictures of your child while he/she is attending P.A.T.H. Care. Donors and grant sources like to see how children benefit from the programs supported by their funding. NOTHING demonstrates this better than the smiling faces of children engaged in fun and interesting activities.

_____ **Yes, I give my consent for my child to be included in photographs and/or videos taken during P.A.T.H. Care.**
Parent Signature: _____ **Date:** _____

Additional Information

Please list below any unusual health or behavioral issues that you want P.A.T.H. Care staff to be aware of. Please be specific and include a description of what specific medical issues or behavioral issues may look like to a by-stander. Also, share what we should do if an incident occurs. If there is anything else we should know about your child, please add information here. Feel free to add paper if needed.
