



Afterschool
PO Box 646, Pendleton SC 29670 (864)646-3809

REGISTRATION FORM

Child's Last Name: _____ First: _____ Middle: _____

Name Child prefers: _____ Date of Birth ___/___/___

Address: _____
(Street) (City) (State/Zip Code)

Elementary School: _____ Grade _____ Age: _____

Your Child Is: Male: _____ Female: _____ Right Handed: _____ Left Handed _____

FAMILY INFORMATION

Mother's Name: _____ Cell # _____

Address: _____

Mom's Email: _____

Employer's Name: _____ Work # _____

Father's Name: _____ Cell # _____

Address: _____

Dad's Email: _____

Employer's Name: _____ Work # _____

Parent's: Married _____ Divorced/Separated _____ Single _____ Widowed _____

Sibling's Names/Ages _____

Who does Child live with: _____

Please Check: PUMC Member _____ Non-Member _____
Church Affiliation _____

MEDICAL INFORMATION

Child's Physician _____

Physician's Phone # _____

Please explain any diseases, illnesses or handicaps your child has had or now has:

Please list any allergies your child has had or now has (food, medicine, etc.)

Please list any information you think we should know about your child to make their time at Peeps successful:

In Case of Emergency, please contact:

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Who will pick your child up from Peeps(Name and car dicription):

Parent's Signature _____ Date _____



EMERGENCY MEDICAL INFORMATION/RELEASE FORM & TRANSPORT BY EMS

Child's Name: _____ Date of Birth: ____/____/____

Address: _____
(Street) (City) (State/Zip)

Mother/Guardian's Info:

Address: (If different from above) _____

Home Phone: _____ Cell: _____ Work _____

Father/Guardian's Info:

Address: (If different from above) _____

Home Phone: _____ Cell: _____ Work _____

Emergency Contact Other than Parent or Guardians:

Name: _____ Relationship: _____

Phone: _____

Insurance Info:

Company: _____

Policy #: _____

Name of Insured: _____

Allergies:

Regular Medications or Pre-existing medical conditions:

Family Doctor: _____ Phone: _____

I give my consent for the PEEPS staff and/or qualified medical personnel to act on my behalf in securing and administering necessary emergency medical care and treatment for my child. I understand that I will be contacted immediately should emergency care become necessary while under the care of the PEEPS staff.

Signed: _____ Date: _____

TRANSPORT RELEASE

I, _____ (parent/guardian name) also give permission for my child, _____ (child's name) to be transported by the Emergency medical squad in an emergency situation. I understand that the PEEPS staff will make all attempts to contact me should emergency care be necessary, but the decision to contact EMS will be made at the discretion of the director or teacher.

Hospital Preference: _____

Signature: _____ Date: _____

This form is in effect from August 1, 2021– August 1, 2022 while my child is enrolled in PUMC/PEEPS programs.