**ROCK Plus Holiday Care Registration Form**

**Time: 7:00 a.m. – 6:00 p.m. Location: Amanda Rochell Elementary
Cost: $40/day or $160/week PER CHILD**

**SELECT THE DATES YOU WISH TO REGISTER FOR. Account will be invoiced and payment must be received within 24 hours using the EZ Child Track Parent Portal.**

[ ]  November 20 [ ]  November 21
**Deadline to register is Monday, November 13 at noon.**

[ ]  December 21 [ ]  December 22
**Deadline to register is Thursday, December 14 at noon.**

[ ]  January 2 [ ]  January 3
**Deadline to register is Thursday, December 14 at noon.**

[ ]  February 19
**Deadline to register is Monday, February 12 at noon.**

[ ]  March 12 [ ]  March 13 [ ]  March 14 [ ]  March 15 [ ]  March 16
**Deadline to register is Monday, March 5 at noon.**

[ ]  June 1

**Deadline to register is Thursday, May 24 at noon.**

**CHILD INFORMATION**

STUDENT’S NAME:       AGE:       DATE OF BIRTH:

ADDRESS:       CITY:       ZIP:

MALE/FEMALE:       CAMPUS:       GRADE:

ALLERGIES/MEDICAL CONDITIONS:

**PARENT/GUARDIAN INFORMATION \*\*Bad Weather Days if needed**

PARENT/GUARDIAN NAME (S):       [ ]  Feb 16 (due by 2/9)

 [ ]  May 25 (due by 5/18)

CELL#(S):      BEST EMAIL:

**EMERGENCY CONTACT**

NAME:       RELATIONSHIP:      PHONE#:

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| **Emergency Treatment Release** |

In the event of an emergency necessitating medical attention to the student identified above, I hereby authorize that treatment be given by qualified and licensed medical personnel. I understand that I will be notified as soon as possible and that all expenses incurred in treatment will be assumed either directly by me or by my insurance coverage as noted below.

I acknowledge that liability of (i) RISD; (ii) the RISD Board of Trustees and (iii) any agents, employees, representatives, insurers, successors and assigns of the entities just named, is narrowly defined and extremely limited by Texas law and local policy.

**CONFIDENTIAL MEDICAL INFORMATION**

Family Doctor:       Telephone:

Insurance Company:       Telephone:

Parent/Guardian Signature:  Date Signed:
*By clicking the box beside “I agree”, you agree that this is valid as your signature.* [ ]  **I agree**