

2015 Rata2ee Ranger Registration

Ranger Information

Name:	Birth Date	M () F ()
Nickname:	Address:	
City:	State:	Zip:

First Parent Contact (Who is easiest to contact during the day)

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

Second Parent Contact

Name:	Home Phone:
Cell Phone:	Work Phone:
E-Mail Address:	

Other People Authorized to Pick Up Your Child

Name:	Home Phone:
Cell Phone:	Work Phone:
E-Mail Address:	

Name:	Home Phone:
Cell Phone:	Work Phone:
E-Mail Address:	

Check only the session(s) you would like to register for:

NO SUMMER SESSIONS JUNE 29 – JULY 3

<input type="checkbox"/> Session 1: June 15 – 19	<input type="checkbox"/> Session 2: June 22 - 26	<input type="checkbox"/> Session 3: July 6 - 10
<input type="checkbox"/> Session 4: July 13 – 17	<input type="checkbox"/> Session 5: July 20 - 24	<input type="checkbox"/> Session 6: July 27 – 31
<input type="checkbox"/> Session 7: August 3 - 7	<input type="checkbox"/> Session 8: August 10 - 14	

Is your child residing with someone else while attending summer sessions? If yes, answer below

Name:	Home Phone:
Cell Phone:	Work Phone:
Relationship:	

Friendship Request: We will do our best to honor friendship requests. Children must be the same age or grade.

1)	2)	3)
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PAYMENT / BILLING INFORMATION:

Remaining Amount (minus \$50 Registration Fee): _____

Payment Type: Check Cash Credit Card

If paying by credit card: Visa Discover Master Card AmEx



Acct #:	Expiration:	Code:
Name on Card:	Billing Address:	

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Emergency Form

Ranger's Full Name _____

Emergency Contact (other than parents)

Name:	Home Phone:
Cell Phone:	Work Phone:
Relationship:	

Health Provider and Insurance Information

Health Insurance Provider:	
Policy Holder:	Policy Number:
Group Number:	
Doctor / Physician's Name:	Phone Number:
Clinic Name:	Preferred Hospital:

Does your child have any life threatening allergies? Yes No

If yes, what is the allergy and do they carry an epi pen? _____

Medical or other conditions we should know about:

Does your child have any restrictions from certain activities?

Do you have any concerns our staff should be aware of? Do you have any food restrictions?

Will your child be taking any type of medication during Ranger hours? _____

** All children with diagnosed special health needs will need to have:

- 1) A current care plan signed by a health care provider and parent/guardian
- 2) A release of information form signed by parent
- 3) The container must be clearly marked with the child's name and you must have the care plan attached, with directions for dispensing.
- 4) To avoid confusion and the possibility of the medication being lost or not dispensed properly, it should be given to Rata2ee staff in the morning, when they are dropped off. Do not send medication with your child.
- 5) We prefer to dispense medication during lunch from 12:30 to 1:30 p.m.