

# Ranger Care Enrollment/Emergency Form

A \$15 non-refundable registration fee is due upon enrollment.

Child's Name: \_\_\_\_\_ Gender M or F DOB \_\_\_\_\_ Grade \_\_\_\_ Teacher \_\_\_\_\_

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Child lives with: Mother/Father \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Other \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phones \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phones \_\_\_\_\_

List any physical or educational disabilities, chronic illnesses, disorders, or allergies (ADHD, EBD, asthma, food/insect allergies, diabetes etc.)

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Does your child take medication for any of the above? If yes, please state the name and dosage(include medical authorization form)

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Please list if your child is receiving any of the following special education services and/or is on an Individual Educational Plan (I.E.P)

\_\_\_\_ Learning Disability \_\_\_\_ Hearing Impairment \_\_\_\_ Emotional Disorder \_\_\_\_ Speech/Language

\_\_\_\_ Other (please list) \_\_\_\_\_

Please give any further information you wish that may be helpful to staff in understanding your child(ren)

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Please list all persons authorized to pick up your child(ren)

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List any persons unauthorized (please attach court order) \_\_\_\_\_

Dentist Name/Phone  
\_\_\_\_\_

Doctor Name/Phone  
\_\_\_\_\_

Insurance Company/Policy #  
\_\_\_\_\_

*\*I hereby give my permission to the staff of Ranger Care to secure medical help, including the services of an Ambulance and/or Emergency Room in the event of an emergency. I agree to pay all costs and fees contingent on any medical care and/or treatment for my child(ren) as secured or authorized under this consent.*

*\*I give my consent to take photos of my child(ren) by the news media or Ranger Care staff.*

*\*I give my consent to the exchange of information between ISD #182 and Ranger Care personnel whenever it would be beneficial to my child.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Registration Fee Paid \_\_\_\_\_