

**Registration Form & Emergency Information Form**  
**Baldwin Buds 2010-2011**

Student's Name (last,first) \_\_\_\_\_ Birth date \_\_\_\_\_  
Lives with: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_  
Grade (09' -10') \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Home #: \_\_\_\_\_ Home #: \_\_\_\_\_  
Work #: \_\_\_\_\_ Work #: \_\_\_\_\_  
Co. Name: \_\_\_\_\_ Co. Name: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Email \_\_\_\_\_ Email \_\_\_\_\_

**My daughter will be attending Baldwin Buds:**

\_\_\_\_\_ on a regular basis (full time) M\_\_\_ T\_\_\_ W\_\_\_ TH\_\_\_ F\_\_\_  
\_\_\_\_\_ on a drop in basis only

List two local people who will assume temporary care of your child if necessary:

- 1.) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_
- 2.) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone #: \_\_\_\_\_

**Medical Update:**

Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Current Health Problems: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Allergies: Bee Sting \_\_\_ Yes \_\_\_ No; Treatment: \_\_\_\_\_

Other Allergies (please include food allergies): \_\_\_\_\_

**PLEASE UPDATE US IMMEDIATELY WITH ANY AND ALL CHANGES!**

Special notes: \_\_\_\_\_  
\_\_\_\_\_

**Homework:**

Required to do at Baldwin Buds \_\_\_ Not required to do at Baldwin Buds \_\_\_

(Continued)

My daughter may take the following medications if needed:

Acetaminophen (generic Tylenol) \_\_\_ Yes \_\_\_ No

Ibuprofen (generic Advil) \_\_\_ Yes \_\_\_ No

Benadryl (\*Emergency Only) \_\_\_ Yes \_\_\_ No

\*In a medical emergency, if parent cannot be contacted, student will be taken to Bryn Mawr Hospital.

\*This information may be shared with appropriate personnel

---

Parent/Guardian Signature

Please list those that may pick your daughter/daughters up from Baldwin Buds. Please include family member, friends and babysitters. We will not release your daughter/daughters to anyone not on this list or to siblings less than 18 years of age unless we have a note or have received a phone call from you permitting us to do so.

Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____
Name: _____	Relationship: _____