

**FOOD ALLERGIES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
**To Be Considered in  
Ordering Dinner for the  
child from MiddDining  
Services**

**Mary Johnson Children's Center**

81 Water Street; Middlebury, VT 05753

Phone: 388-2853 Fax: 388-3063

**SPECIAL EVENTS ENROLLMENT FORM—Form must be submitted by Thursday, June 1st—  
Payment must be made before children may be left for the evening. Middlebury College  
Reunion 2017 -- Child Care for Sat., June 10<sup>th</sup> 6-11 PM**

Date Submitting:

**I agree to pay the sum of \$45 per child to : “Mary Johnson Children’s Center” for these services.**

Parent/Guardian Signature/ Date:

**Child's Name:**

**Date of Birth:**                      **Gender:** M  F

**Parent(s) or Guardian(s)**

**Name:**

**Cell Phone:**

where you may be reached during the event listed above

**Event location where you are most likely to be:**

**Name:**

**Cell Phone:**

where you may be reached during the event listed above

**Event location where you are most likely to be:**

**Child's Allergies?**

**MEDS?**

**IN CASE OF EMERGENCY**

**IF parents/guardians or above-named person(s) cannot be contacted, AND the situation calls for immediate attention: I HEREBY AUTHORIZE THE STAFF OF THE SCHOOL AGE PROGRAM TO SEEK EMERGENCY MEDICAL ATTENTION FOR MY CHILD.**

**Parent/Guardian Signature**

**Date:**

**PERMISSIONS:**

1) I give permission for the following individuals to **pick up my child**. The SCHOOL AGE PROGRAM will not release your child to anyone except the persons listed here, unless written permission is provided, for your child's protection.

1.

2.

Parent/Guardian Signature/ Date:

2) I give permission for the staff of the SCHOOL AGE PROGRAM to administer Children's Tylenol in the event I cannot be reached and my child has a fever of 101 or above.

Parent/Guardian Signature/ Date