



**DOLPHIN CENTER REGISTRATION FORM  
2019-20**

Dolphin Center  
Cold Spring School  
2243 Sycamore Canyon Road  
Santa Barbara, CA 93108  
805.969.5330  
<http://www.coldspringschool.net/about-us/the-dolphin-center>

**PARENT/CHILD INFORMATION**

Child's Name \_\_\_\_\_ DOB: \_\_\_\_\_  
(Last) (First)  
Child's Teacher \_\_\_\_\_ Grade \_\_\_\_\_ Rm Number \_\_\_\_\_

Parent/Guardian 1 \_\_\_\_\_  
(Last) (First) Email Address \_\_\_\_\_  
Address \_\_\_\_\_  
Street City Zip  
Phone (1<sup>st</sup> Preference) ( ) Other ( )

Parent/Guardian 2 \_\_\_\_\_  
(Last) (First) Email Address \_\_\_\_\_  
Address \_\_\_\_\_  
Street City Zip  
Phone (1<sup>st</sup> Preference) ( ) Other ( )

**EMERGENCY CONTACTS / PICK-UP AUTHORIZATIONS (Please attach additional names/phone #s)**

1. \_\_\_\_\_ ( ) May pick up my child: \_\_\_\_Y\_\_\_\_N  
Name Phone  
2. \_\_\_\_\_ ( ) May pick up my child: \_\_\_\_Y\_\_\_\_N  
Name Phone

**MEDICAL CONDITIONS** (Asthma, insect / food allergies, etc):

**PROGRAM OPTIONS:**

(Please check all that apply): Daily ☐ OR only on the following days: M ☐ T ☐ W ☐ TH ☐ F ☐

Drop-in Basis ☐ (Contact Dolphin Center by 1:30 on day of drop-in – 969-5330)

**PARTICIPATION AGREEMENT**

*I have read and understand the Dolphin Center Handbook. I agree to abide by all conditions for participation; failure to do so may result in termination of continued participation. I further understand that medical services may be administered in case of an emergency.*

*I agree to ensure my child is picked up by 5:30 PM; otherwise, I will incur additional fees as described in the Dolphin Center Handbook.*

*I understand that no child will be released to another person unless prior consent has been given to the Dolphin Center by the parent/guardian, and proper identification has been shown.*

**Office Staff and Dolphin Center Staff will not be asked to coordinate spur-of-the-moment playdates.**

PRINT CLEARLY

SIGNATURE

DATE

**Hourly Rate: \$9.00**