



425 W. Wells Blvd
 Sapulpa, OK 74066
 Phone: (918) 224/7214
 Fax: (918) 224/2480
recycle@showinc.org
www.showinc.org

Registration & Pick Up Authorization Form

This is an initial registration packet. You may be required to provide additional documentation.

Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

School: _____ Grade in Fall: _____

Parent/Guardian Name(s): _____

Mother's Home# _____ Work# _____ Cell# _____

Father's Home# _____ Work# _____ Cell# _____

Other persons authorized to pick up your child. Your child will ONLY be released to persons on this list. ID or other verification will be required.

Name: _____ Relationship: _____

Phone#s _____

Name: _____ Relationship: _____

Phone#s _____

Name: _____ Relationship: _____

Phone#s _____



LIVE UNITED
GIVE. ADVOCATE. VOLUNTEER.

Partner Agency of United Way



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Emergency Contact (Someone who can reach you and/or act for you if you are not available.
Please inform this person of their responsibility.)

Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Parent/Guardian Signature _____

Important Reminders:

1. Each child must have a signed Health History Form on file.
2. To ensure your child's safety, you or the authorized person(s) must accompany your child into and out of the building each day. You must also sign the daily check in/out form and/or swipe your EBT card.
3. All staff members will be informed of your child's special needs, restrictions or requirements.

CLIENTS PHOTO:



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Health History Form

This form must be completed and on file the first day of service.

Name: _____

Home Address: _____

Birth Date: _____ Age: _____ Gender M F

Parent/Guardian Name: _____

Home Address: _____ City _____

Home # _____ Email Address _____

Mother's Work # _____ Cell # _____

Father's Work # _____ Cell # _____

Emergency Contact Name & Home & Cell #s

Emergency Home Address _____ City _____

Medical Insurer _____

Policy # _____

Family Physician _____ Phone # _____

Family Dentist _____ Phone # _____



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Photograph/Tour/Publicity Release

Re: _____, a Show, Inc. service recipient.

Effective Date of Authorization: _____

I hereby give Show, Inc. or a third party approved by Show, Inc., permission to take photographs of me or to have said photographs taken, to observe me at work or on activities sponsored by Show, Inc. and/or to make videos or movies of me for publicity or general public education purposes.

I understand that a photograph of me will be taken and used as a means of identification. This photograph will be placed (and remain) in the front of my confidential service recipient file.

I understand that this photograph/tour/publicity release is valid for one (1) year only from the effective date of authorization.

I also understand that I may revoke this release at any time unless action has already been taken based upon it.

This release expires on: _____

If there is a specific release for information/materials to be released - if any, indicate whether photo, written text, film or other media and number of documents/materials to be released:

Service Recipient Signature

Date

Legal Guardian Signature

Date

Witness Signature

Date



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Show, Inc Respite/Latchkey Transportation Form

All parties, parents, guardians and other providers understand that it is not the responsibility of Show, Inc to provide transportation for children to the facility for Respite services. It is the responsibility of the Parent and/or Guardian to ensure that each child safely arrives at Respite and is properly signed in. Respite does not provide nor accept this responsibility.

For Latchkey services, Sapulpa Public Schools will provide transportation from school. If transportation is to be provided from Sapulpa Public Schools to the Latchkey facility by bus, the parent must make appropriate arrangements for the transportation. The child will be checked in from the bus. If a child is not attending respite on a reserved day the parent must contact the Respite office and advise the staff.

All parties, parents, guardians and other providers including those who waive bus service understand that it is the responsibility of the Parent and/or Guardian to ensure that each child safely arrives at Latchkey and is properly signed in. This includes contacting the Latchkey program each day of service and verifying the child has safely arrived. If the child does not appear at the Respite/Latchkey facility, staff will assume the child is not receiving services that day.

Parent and/or Guardian _____ Date _____

Respite/Latchkey Staff or
 Show Representative _____ Date _____



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