SOUTHGATE
ACADEMY

FY26 Gator Care Program

Dear Parents/Guardians,

Welcome to the Southgate Academy Gator Care Program for 5 & 6 year old students. Our Program provides a safe, secure environment for the students of Southgate. Our program allows time for your student(s) to do their homework, as well as a snack time (provided by us), physical activity time, and educationally based activities.

Basic Information We Require for Registration:

1. Gator Care Registration Form
2. Completed Emergency Information Form for each student

Hours of Operation:

Mon. – Thurs. 3:30 pm - 4:30 pm

Friday - 11:15 am - 4:30 pm

All students must be picked up no later than 4:30 pm.

Cost of the Program:

FREE

Updated: 7/10/25

FY26 Southgate Gator Care Program Registration Form

Student Name:_____ Grade:_____ Age:_____

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Student Name:_____ Grade:_____ Age:_____

Parent/Guardian #1

First Name:_____ Last Name:_____

Home Phone:_____ Cell Phone:_____

Address:_____

_____

Parent/Guardian #2

First Name:_____ Last Name:_____

Home Phone:_____ Cell Phone:_____

Address:_____

_____

FY26 Emergency Information

Child's Name:	Date Enrolled:	Updated:
Home Address(#, Street, City, State, Zip Code):		
Home Phone:	Date of Birth:	Sex: ☐ Male ☐ Female

Mother or Guardian Name:	Home Address(#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Father or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, Call:

Health Care Provider*	Name:	Contact Telephone Number:

*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.
I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

In case of injury or sudden illness, I request that this individual be called first:

Does your child have insurance coverage? ☐ No ☐ Yes Name of Insurance Company:

The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility: ☐ Yes ☐ No

Medical Information

Is child allergic to food or other substances? ☐ No ☐ Yes If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:
Is child usually susceptible to infections and if so, what precautions need to be taken? ☐ No ☐ Yes If yes, list precautions:
Is Child subject to convulsions and what should be our procedure if one occurs? ☐ No ☐ Yes If yes, specify procedure:
Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? ☐ No ☐ Yes If yes, list precautions:
Additional Comments:
Other special instructions:

This Emergency Information is accurate and complete, provided by:

_____ _____ ____/____/_____
Parent/Guardian Name (printed) Signed Name Date

(All information on this card will be used for emergencies only and will not be seen by any other agencies.)