



**The Choice Care Agency, Inc.
2009/2010 Sick Child and Emergency/Back-Up Care Program Registration Form
for The University of Arizona Students and Employees**

As a UA registrant for **Tucson Only** **Phoenix Only** **Tucson and Phoenix**
I /we have:

Step 1 of 2. Submitted University program registration form(s) to UA Life & Work Connections, available at <http://lifework.arizona.edu> or by calling (520) 621-4365. *Completed*

Step 2 of 2. Submitted this Choice Care Agency, Inc. (CCA) vendor form to their office by fax at (520) 320-7711 or to 2504 E. River Rd., Suite 100, Tucson, AZ, 85718. The phone number for CCA is (520) 322-6966. At the request of CCA, I have also verified am am not an existing agency client outside of this program, and that (check only one below):

- This is a new (first time registrant) CCA vendor form.
- This is a re-registration (prior user) CCA vendor form with no changes.
- This is a re-registration (prior user) CCA vendor form with changes (e.g. new child in the family, new address or phone number, the addition of a co-registrant); please note such changes with an "X" in the margins by the appropriate line(s). *Completed*

Please print legibly and include telephone extensions as applicable:

*** Registrant's Name** _____ Employee Student
Home Address _____ City/State _____ Zip Code _____
Phone/Contact Numbers: Home _____ Work _____ Cell _____ Pager _____
UA E-mail _____ If Employee, EID # _____ (employees only for UA billing)

*** Co-Registrant's Name (if also a UA employee/student only)** _____ Employee Student
Co-Registrant's Relationship to Registrant: Spouse Partner Other (describe) _____
Home Address _____ City/State _____ Zip Code _____
Phone/Contact Numbers: Home _____ Work _____ Cell _____ Pager _____
UA E-mail _____ If Employee, EID # _____ (employees only for UA billing)

***** If there is no Co-Registrant, use this "Emergency Contact" section to list your spouse, partner, or other designated adult:

Emergency Contact When Registrant Cannot Be Reached

Name _____ Relationship to Registrant: Spouse Partner Other (describe) _____
Area Code and Phone Number(s) _____

Children

Name _____	Birth Date _____	Age _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Name _____	Birth Date _____	Age _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Name _____	Birth Date _____	Age _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Name _____	Birth Date _____	Age _____	<input type="checkbox"/> Male	<input type="checkbox"/> Female

Are there any disability or medical conditions that would be useful to know about in caring for your child(ren)?

Yes No If "yes," please describe _____

Directions

Please provide **EXACT** directions to your home (the agency will provide this information to the caregiver)

Largest (major) intersection closest to your home _____

From this intersection, proceed N/S/E/W on (indicate street) _____

Please provide the remainder of your directions using LEFT and RIGHT turns _____

Pet(s) Yes No If "yes," please indicate type of pet and provide special instructions or comments (indoors/outdoor)

Yes No Additional information for The Choice Care Agency, Inc. is on the back of this form or on subsequent pages.

I agree to comply with all provisions of the SCP/EBCP Program Guidelines of The University of Arizona. I agree to provide registrant and co-registrant signature(s) matching the name(s) submitted above. I further understand that failure to comply may result in the Program vendor's decision to decline or terminate service.

Registrant's Signature _____ Date _____

Co-Registrant's Signature _____ Not Applicable Date _____