

Summer Adventure Program REGISTRATION / EMERGENCY FORM

Name of Child:

(Only one child per form) First _____ Middle _____ Last _____

Birthdate: _____ Age: _____ Sex: F M Grade leaving _____
(circle one)

PARENT/GUARDIAN INFORMATION & EMERGENCY CONTACT

Parent/Guardian Name(s): _____

Home Phone #: _____ Cell phone #: _____ Work phone #: _____

Address (if different from child's): _____
Street City Zip Code

Emergency Contact Name: _____ Relationship to Child: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

My child may NOT be released to the following individuals: _____

PARENTAL CONSENT

Yes No

- Is your child's medical form updated and on file with the center?
- Are your child's immunizations current and is he/she in good health?
- Does your child have health concerns that program staff should be aware of? (list allergies, restrictions, etc.)

- Does your child take any medications regularly? List _____
- Any activities your child should **not** participate in? _____
- May program staff perform general first aid, apply bug spray or sunscreen while in/out of time school care?
- May program staff photograph, videotape and interview your child for program promotion, recognizing that this information may be used on the web, television, radio and in print?

I hereby certify that by completing and signing this form, it is with my full knowledge and consent that my son/daughter may participate in the Summer Programs. I understand that the school and its contracted providers may use health information on file with the center or may be released to secure emergency medical treatment.

Parent/Guardian: _____

Date: _____



Please return this form to the front office with payment of \$100.00 for the program. Please make all check payable to the school.