



REGISTRATION FORM

EMERGENCY CONTACT/PARENTAL CONSENT FORM

CHILD'S FULL NAME		NICKNAME	BIRTH DATE
ADDRESS - STREET, CITY, STATE, ZIP			
PRIMARY LANGUAGE	DO RELEVANT CUSTODY PAPERS APPLY? () YES () NO	SCHOOL-AGE CHILD'S SCHOOL	GENDER () M () F
MOTHER'S/PARENT'S / LEGAL GUARDIAN'S NAME			
HOME ADDRESS - STREET, CITY, STATE, ZIP		HOME TELEPHONE NUMBER	
BUSINESS NAME	WORK HOURS	BUSINESS TELEPHONE NUMBER	
BUSINESS ADDRESS - STREET, CITY, STATE, ZIP		CELL NUMBER	
		EMAIL ADDRESS	
FATHER'S/PARENT'S / LEGAL GUARDIAN'S NAME			
HOME ADDRESS - STREET, CITY, STATE, ZIP		HOME TELEPHONE NUMBER	
BUSINESS NAME	WORK HOURS	BUSINESS TELEPHONE NUMBER	
BUSINESS ADDRESS - STREET, CITY, STATE, ZIP		CELL NUMBER	
		EMAIL ADDRESS	
PERSON(S) TO WHOM CHILD MAY BE RELEASED (ESPECIALLY DURING AN EMERGENCY)			
<i>NAME</i>	<i>FULL ADDRESS</i>	<i>RELATIONSHIP</i>	<i>PHONE NUMBER WHEN CHILD IS IN SCHOOL</i>
1.			
2.			
3.			
NAME OF CHILD'S PHYSICIAN / MEDICAL CARE PROVIDER		TELEPHONE NUMBER	HOSPITAL AFFILIATION
PHYSICIAN / MEDICAL CARE PROVIDER - ADDRESS, STREET, CITY, STATE, ZIP			
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTION)	
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION			
ADDITIONAL INFORMATION REGARDING SPECIAL NEEDS		MEDICATION, SPECIAL CONDITIONS	
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)	
NAME OF CHILD'S DENTIST		DENTIST TELEPHONE NUMBER	
PARENT'S/LEGAL GUARDIAN'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT			
OBTAINING EMERGENCY MEDICAL CARE X		ADMINISTRATION OF MINOR FIRST-AID PROCEDURES X	

SIGNATURE OF PARENT / LEGAL GUARDIAN

DATE

PERIODIC REVIEW DATE