Registration Form

## **Child Information**

Full Name: Nick Name:

Birth Date: Allergies:

 Epi-Pen☐ Inhaler☐

Address: Phone:

City: State: Zip Code:

**Parent /Guardian Information**

Full Name

Address

Home/ Cell

Work Address

Work Phone

 **Emergency Authorization**

 I give my consent for the First Aid and CPR certified staff of (program’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, to administer first aid and CPR to my child and to contact the above named physician or dentist if my child has a medical emergency. I also give my consent for my child to be transported to the nearest hospital in the event of a medical emergency. I will be responsible for all medical fees. Preferred Medical Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Please provide your physician name and contact number below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Physician Name Phone Number

 **Emergency Contact**

Please list an alternate person who can be contacted in an emergency if the parent(s) or guardian(s) cannot be reached

|  |  |
| --- | --- |
| **1st Alternate Contact:** |  |
|  |  |
| **Relationship to child:** |  |
| **Home street address:** |  |
| **City, State, Zip Code:** |  |
| **Home/Cell Phone:** |  |
| **E-mail:** |  |
| **Work Phone:** |  |
| **Is this person authorized to make medical decisions for your child if you cannot be reached? Yes** **☐ No****☐** |

 **Behavior Management and Parent Handbook**

 I acknowledge that I have read the parent handbook and agree to abide by the policies contained in it and that the techniques used to manage child behaviors in the facility have been discussed with me prior to enrollment.

Signature of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you allow your child to be photographed for our Social Media pages and Website?

Yes ☐ No ☐

To be filled out by PH

Youth Start Date \_\_\_\_\_\_\_\_\_\_

