

FIRST DAY SCHOOL (FDS) REGISTRATION AND RELEASES 1600 Fifth Street NW,
Albuquerque, NM 87102

1) Participant's Name: _____

Participant prefers to be called: _____ Birth Date: _____

School: _____ School Grade: _____

2) Participant's Name: _____

Participant prefers to be called: _____ Birth Date: _____

School: _____ School Grade: _____

3) Participant's Name: _____

Participant prefers to be called: _____ Birth Date: _____

School: _____ School Grade: _____

4) Participant's Name: _____

Participant prefers to be called: _____ Birth Date: _____

School: _____ School Grade: _____

- I would like my child(ren) to receive a monthly FDS activity box
- I would like a separate activity box for each of my children
- I would like my child to be invited to Junior Young Friends gatherings

Participant's Primary Care-Givers: _____

Physical Address(es):	Adult(s) Phone #'s
_____	_____
_____	_____

Adult(s) email addresses: _____

Note: By and large, communication about FDS events goes out on email. Please list emails that you check on a regular basis.

In Case of Emergency, please contact _____ at _____

Allergy Information: _____

In the event that your child becomes upset and/or inconsolable how would you like FDS staff/volunteers to respond? (*esp. nursery age children*)

Your child's user manual: What else should we know to help your child feel secure, understood and confident in their FDS experience? _____
