

BY FAITH FOUNDATION INC

S.T.E.A.M.

PROGRAM

REGISTRATION/INFORMATION FORM

CHILD'S START DATE

CHILD'S WITHDRAWAL DATE

CHILD'S NAME: _____ SEX: _____ AGE: ____ DOD: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE NUMBER: _____

MOTHER'S NAME: _____ HOME NUMBER: _____

MOTHER'S HOME ADDRESS: (IF DIFFERENT FROM CHILD'S) _____

CITY: _____ STATE: _____ ZIP: _____

MOTHER'S PLACE OF EMPLOYMENT: _____

EMPLOYER'S ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

FATHER'S NAME: _____ HOME NUMBER: _____

FATHER'S HOME ADDRESS: (IF DIFFERENT FROM CHILD'S) _____

CITY: _____ STATE: _____ ZIP: _____

FATHER'S PLACE OF EMPLOYMENT: _____

EMPLOYER'S ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

CHILD'S LIVING ARRANGEMENTS: (CHECK ONE) BOTH PARENTS MOTHER FATHER OTHER

CHILD'S LEGAL GUARDIAN: (CHECK ONE) BOTH PARENTS MOTHER FATHER OTHER

THE CHILD MAY BE RELEASED TO THE PERSON(S) SIGNING THIS AGREEMENT OR TO THE FOLLOWING:

*NAME _____ ADDRESS: _____

TELEPHONE NUMBER: _____ RELATIONSHIP TO CHILD: _____

RELATIONSHIP TO PARENT(S) / GUARDIAN: _____

*NAME _____ ADDRESS: _____

TELEPHONE NUMBER: _____ RELATIONSHIP TO CHILD: _____

RELATIONSHIP TO PARENT(S) / GUARDIAN: _____

PERSONS TO CONTACT IN CASE OF EMERGENCY WHEN PARENT(S) CAN NOT BE REACHED:

NAME: _____ PHONE NUMBER: _____

NAME: _____ PHONE NUMBER: _____

NAME: _____ PHONE NUMBER: _____

NAME OF SCHOOL CHILD ATTENDS: _____

CHILD'S CLINIC/DOCTOR: _____ PHONE NUMBER: _____

MY CHILD HAS THE FOLLOWING SPECIAL NEEDS/ACCOMODATIONS: _____

CURRENT MEDICATION(S) PRESCRIBED BY A DOCTOR AND FOR WHAT CONDITION/ILLNESS: _____

EMERGENCY MEDICAL AUTHORIZATION

SHOULD _____ DATE OF BIRTH: _____

SUFFER AND ILLNESS OR INJURY WHILE IN THE CARE OF BY FAITH FOUNDATION INC. AND THE FACILITY IS UNABLE TO CONTACT ME (US) IMMEDIATELY, IT SHALL BE AUTHORIZED TO SECURE IMMEDIATE MEDICAL ATTENTION AND CARE FOR THE CHILD AS MAY BE NECESSARY. I (WE) SHALL ASSUME ALL RESPONSIBILITY FOR PAYMENT FOR SERVICES AND RELEASE BY FAITH FOUNDATION INC. FROM ANY/ALL OBLIGATION.

PARENT/GUARDIAN SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

BY FAITH FOUNDATION INC. ADMINISTRATOR/PERSON-IN-CHARGE SIGNATURE/TITLE:

_____ TITLE: _____

DATE: _____