

REGISTRATION FORM

Registration Date: _____

Parent/Guardian First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ or N/A Home Phone: _____

Employed By: _____ Office Phone: _____

Work Address: _____ Work Hours: _____ Cell Phone: _____

Custodial Parent (If married, mark both parents)

Email: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Parent/Guardian First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ or N/A Home Phone: _____

Employed By: _____ Office Phone: _____

Work Address: _____ Work Hours: _____ Cell Phone: _____

Custodial Parent (If married, mark both parents)

Email: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Child Information

First Name: _____ M.I. _____ Last Name: _____

Gender: Male Female Prefer not to answer Date of Birth: _____

Child's Address: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Physician's Name & Address: _____ Phone: _____

Photographs

We may take program activity photos of your child for promotion (newsletters, etc...)?

Are you agreeable to this? Yes No

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

Able to pick up all children in the family

2nd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____

Able to pick up all children in the family

Enrollment in (please check which days your child will attend):

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday
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****NOTE – Parents are expected to call to notify of your child's absence from the program****

Additional Comments & Information:

Is there is any other information that would be helpful to our program staff?

Policy/Agreement:

All children must leave the program by 5:30pm. I agree to pick up or arrange for pick-up by authorized persons my child(ren) by 5:30pm.

Signature:

Parent/Guardian's Signature: _____ Date: _____

WALKERS (who are not picked up by parent/guardian)

My child is a walker and has my permission to walk home at the end of the program day.

Parent/Guardian's Signature: _____ Date: _____

BUSSING INFORMATION

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday
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Please check the date(s) (above) that your child will be dropped off at the Church Hall to attend the program.

****As the parent/guardian, I agree to have my child dropped off at the Children's Integrated Program located at the Holy Spirit (Garden Village) Church Hall located at: 285 Ted Commanda Drive.****

Parent/Guardians' Signature: _____ Date: _____

This bussing information will be shared with Nbisiing Bus Lines and placed on your child's file.