

## 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:

**1<sup>st</sup> Contact/Pick Up** Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

Able to pick up all children in the family

**2<sup>nd</sup> 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 that would be helpful to our program staff?

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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: \_\_\_\_\_

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### 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.***