

Person to Notify in Case of Emergency (other than parent)

Name Address Phone

Name Address Phone

Authorized Release

In the event that you are unable to pick up your child from the program, please list the names of the person to whom your child may be released:

Name Address Phone

Name Address Phone

Family Life

___ Church Membership _____
Name City

___ We have no Church Membership at this time Would you be interested in information about ESL? ___ Yes ___ No

Family Nationality _____
(This helps the teachers in making your child's experience a welcoming one.)

Medical Information

Doctor's Name Address Phone #

Does your child have any known food allergies? _____

Does your child have any other known allergies? _____

Does your child have any medical conditions? _____

Does your child have any physical limitations? _____

Any previous serious illness and/or injury? _____

Any hospitalizations within the past 12 months? _____

If there is any other information that would be helpful, please provide _____

I understand that a non-refundable registration fee of \$125/\$150/\$175 is due with this application.

Parent or Legal Guardian

Date