

# Registration & Child Info.

## 2016-17



### Parent/ Participant information:

**Parent 1:** Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

**Parent 2:** Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

### Child Information:

**Child 1:** Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_

Physician/ Med. Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Any health/allergy/ dietary alerts: \_\_\_\_\_

Medications: \_\_\_\_\_

Other Special considerations in emergency situation: \_\_\_\_\_

**Child 2:** Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_

Physician/ Med. Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Any health/allergy/ dietary alerts: \_\_\_\_\_

Medications: \_\_\_\_\_

Other Special considerations in emergency situation: \_\_\_\_\_

**Child 3:** Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_

Physician/ Med. Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Any health/allergy/ dietary alerts: \_\_\_\_\_

Medications: \_\_\_\_\_

Other Special considerations in emergency situation: \_\_\_\_\_

Emergency Contact in case parents cannot be immediately contacted:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

**Parent/ Guardian permission/ Medical Release:**

(List Children Attending)

I/ We give permission for (1) \_\_\_\_\_ (age: \_\_\_\_\_)  
(2) \_\_\_\_\_ (age: \_\_\_\_\_)  
(3) \_\_\_\_\_ (age: \_\_\_\_\_)

to attend child care activities during "POLO Fellowship" events. In the case of illness or injury during the event, I give my permission for those in charge to administer first aid. I also consent to any medical treatment and care, and the administration of any prescription drugs or medicine to my child upon the advice and under supervision of duly licensed medical personnel.

*All children placed in childcare must have a parent/ guardian participating in the POLO Fellowship group. Children will only be released to the parent/ guardian who originally signed them into SCPC care.*

Parents signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Cost:**

A suggested donation of \$10 per participant family to help defray food & child care costs is appreciated but not compulsory. All families are welcome and encouraged to participate regardless of ability to donate.

\*Please Note: When POLO Fellowship gathers off of church property, all food & drink purchases are the choice and responsibility of the individual.