



**Parrish Early Care & Education Program
Summer
Registration Form - 2016**

Intake Date/Time: _____

Child's Name: _____
(Last) (First) (Middle) (Nickname)

Date of birth: _____ Sex: _____ Race: _____ 1st day of Class (Date): _____

How did you hear about our program? _____

Whom does the child reside with? _____

Mother's Name: _____	
Address: _____	Phone (h): _____
City, Zip: _____	Phone (cell): _____
Employer: _____	Phone (wk): _____
Email address: _____	

Father's Name: _____	
Address: _____	Phone (h): _____
City, Zip: _____	Phone (cell): _____
Employer: _____	Phone (wk): _____
Email address: _____	

Does your child have developmental disabilities that we should be aware of? ____ Yes ____ No.

If yes, please specify: _____

Allergies or Dietary Restriction: _____

Medication needed at school: _____

Child's Physician: _____ Phone: _____

***Shot records and physical forms must be turned in before the 1st day of camp.**

Other person to be notified in case of illness/accident:

- Name: _____ Relationship: _____ Phone: _____
- Name: _____ Relationship: _____ Phone: _____

Person permitted to remove the child from the facility?

Mother: ____ Yes ____ No Father: ____ Yes ____ No

- Name: _____ Relationship: _____ Phone: _____
- Name: _____ Relationship: _____ Phone: _____

Please give any other information concerning your child that will be helpful to us in understanding his/her behaviors (fears, likes, dislikes, sleeping habits, etc.): _____

Photo Release Consent (check all that apply)

- _____ I give my permission to have my child photographed for classroom projects only.
- _____ I give my permission to photograph or video my child for educational and marketing purposes through any type of media format such as our monthly newsletters, The Children's Center brochures, website, Facebook, newspaper, or grants.
- _____ I do **NOT** give my permission to have my child photographed.

Signature of Parent/Legal Guardian: _____ Date: _____