



REACHING OUR COMMUNITY'S KIDS

## **SUMMER REGISTRATION FORM**

Train up a child in the way that he should go, and when he is old he will not depart from it.  
*Proverbs 22:6*

Application Date: \_\_\_\_\_

### **CHILD'S PERSONAL INFORMATION**

Child's Full Name: \_\_\_\_\_

Child's Preferred Name: \_\_\_\_\_ Sex: M\_\_\_ F\_\_\_

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

Mailing Address (if different than Physical Address): \_\_\_\_\_

\_\_\_\_\_

Main Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ (School Age Only) Grade: \_\_\_\_\_ School: \_\_\_\_\_

Potty Trained? (Circle one): **Yes** or **No** (Preschool Only: potty-training is required for enrollment)

Child's Interests or Hobbies: \_\_\_\_\_

When would you like your child to start? \_\_\_\_\_

### **Program To Be Enrolled (Check One):**

<b><u>Full Time</u></b>	<b><u>Part Time</u></b>
Full-Time (over 20 hours per week): _____	Part-Time (20 hours per week): _____

## **CHILD'S DEVELOPMENTAL INFORMATION**

Please be as detailed as possible in this section. Attach a separate sheet if necessary. Please note any chronic physical problems and pertinent developmental information and any special accommodations needed: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_

Treatment Prescribed: \_\_\_\_\_

Are your child's immunizations current? \_\_\_\_ If not please explain: \_\_\_\_\_

Are there any foods your child may not eat? If so please list: \_\_\_\_\_

Does your child have any adverse reactions to medications or other substances? If so please list: \_\_\_\_\_

List actions to be taken in an emergency situation: \_\_\_\_\_

Physician's Name, Address, Phone Number: \_\_\_\_\_

## **PARENT'S INFORMATION**

**Mother's Name:** \_\_\_\_\_ **Ph.#1:** \_\_\_\_\_ **Ph.#2:** \_\_\_\_\_

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

**Email:** \_\_\_\_\_

**Where do you work?:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**How long have you been at this job?** \_\_\_\_\_ **Work Hours:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Ph.#1:** \_\_\_\_\_ **Ph.#2:** \_\_\_\_\_

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

**Email:** \_\_\_\_\_

**Where do you work?:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

How long have you been at this job? \_\_\_\_\_ Work Hours: \_\_\_\_\_

## **PICK-UP POLICY / EMERGENCY CONTACTS**

**\*\*\*Please Read This Section Carefully\*\*\***

**We will not release a child to anyone unless their name appears on this application.** If wish for someone not listed to pick up your child, you **must** contact us with the information.

**We will ask for proper identification before releasing your child.**

I agree that the following people may pick up my child and/or be contacted in an emergency if I cannot be reached. Please notify these contact people that you have put them on the application.

The R.O.C.K. Club staff may contact and/or release or my child to the following: (Please provide as many local contacts as possible and list them in the order we should call.)

1. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

2. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

3. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

4. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

5. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

- Is there anyone whom you **DO NOT** wish to pick up your child? \_\_\_\_\_ If so, please give name and relationship to child:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

- Check here: \_\_\_\_\_ if you **do not** want your child's photo, image or likeness used in any R.O.C.K. Club promotional materials.

***Help Us Out***

How did you find out about the R.O.C.K. Club? Phone book – Saw the Van – Referred by Someone:

(Who?) \_\_\_\_\_ - Other: Please specify: \_\_\_\_\_

Please feel free to contact the R.O.C.K. Club if you have any questions. Thanks.

\_\_\_\_\_  
Parent's Signature \*

\_\_\_\_\_  
Date

\* By signing this application, you are stating that everything written in it is true to the best of your knowledge.

(Office Use Only) Admission Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_