

# Little Flowers Catholic Girls Club Registration 2015/2016

Name of child \_\_\_\_\_

Age of Child: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

School Grade starting August 2015: \_\_\_\_\_

School attending: \_\_\_\_\_

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

Reactions: \_\_\_\_\_

Special Needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

E-mail \_\_\_\_\_

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

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Parish/Church: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Are you the parent or legal guardian enrolling the above child? \_\_\_\_\_

Please sign \_\_\_\_\_

Who is authorized to drop off and pick up your child other than the parent or legal guardian?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Emergency Contacts (Other than Parents)

1. Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

1. Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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**Photo Release:**

Throughout Little Flowers Catholic Girls Club meetings and activities, video and photographs will be taken, and possibly used for publication in the St. Lawrence Catholic Parish Bulletin and Newsletter, on bulletin boards and in local papers.

I give consent for my child(ren) to be photographed during Little Flowers Catholic Girls Club 2015/2016.

Circle One: Yes No

**Medical Release:**

In the event of an emergency, I/We, the undersigned parent(s) or legal guardian of

1) \_\_\_\_\_,

2) \_\_\_\_\_, and

3) \_\_\_\_\_,

hereby give permission to transport my child to a hospital for emergency medical attention. I wish to be advised prior to any further treatment by the doctor or hospital. If you are un-able to reach me (us), please attempt to contact the Emergency Contacts listed on this registration form. If you are unable to reach parent/ guardian or emergency contacts, I hereby give permission for the doctor and hospital to exercise professional judgment in treating the participant.

Signature of parent or legal guardian:

Date:

\_\_\_\_\_

\_\_\_\_\_

Signature of parent or legal guardian:

Date:

\_\_\_\_\_

\_\_\_\_\_

**For Office Use Only:**

Amount Paid: \_\_\_\_\_

Check #: \_\_\_\_\_ Cash: \_\_\_\_\_