



# C.A.R.E Registration Form

## Child's Information

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

### Teachers (If Known)

TEACHER	SUBJECTS

- Is Your Child Able to Swim Without a Flotation Device in Water Where He/She Cannot Touch the Bottom?

YES NO

- Does Your Child require an Accommodation Because of Disability to Enjoy this Program?

YES NO *If yes, please explain:* \_\_\_\_\_

- Does Your Child Require Medication During the Hours of this Program?

YES NO *If yes, please attach Medication Release Form.*

- Please List any Needs, Limitations, or Allergies: \_\_\_\_\_

What are Your Child's Hobbies, Activities, Special Interests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Parent/Guardian Information**

### **Parent/Guardian #1**

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_ Cell \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_

E-Mail \_\_\_\_\_

*(Required to receive program updates and information)*

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### **Parent/Guardian #2**

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_ Cell \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_

E-Mail \_\_\_\_\_

*(Required to receive program updates and information)*

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### **Parent/Guardian #3**

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_ Cell \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_

E-Mail \_\_\_\_\_

*(Required to receive program updates and information)*

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### **Parent/Guardian #4**

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_ Cell \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Employer \_\_\_\_\_

E-Mail \_\_\_\_\_

*(Required to receive program updates and information)*

**Emergency Contact (if parent/guardians are unable to be reached first):**

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Person(s) Authorized to Pick Up Your Child)**

Name _____ Phone _____ Relationship to Child _____
Name _____ Phone _____ Relationship to Child _____
Name _____ Phone _____ Relationship to Child _____
Name _____ Phone _____ Relationship to Child _____

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I grant permission for \_\_\_\_\_ to attend the C.A.R.E. After School Program. I understand that Churchill County Parks & Recreation, Churchill County, and/or other person(s) or organizations connected therewith will not be responsible for illness or injury sustained by my child while in the program or in travel to and from the program. I grant permission to the Parks & Recreation department staff and/or trained emergency medical professionals to provide emergency medical care and to call a physician for my child if it is not possible to contact me first. I hereby agree to pay for such emergency care.

***Initials***

\_\_\_\_\_ I agree to pay a returned check fee of \$25.00 for each returned check-payment, which is returned unpaid, for any reason, by my bank or financial institution.

\_\_\_\_\_ **PHOTO RELEASE.** I also understand that due to the nature of this program, I/my child may be included in photos or video that will be used for media information or advertising of future programs. I understand by signing this hold harmless agreement that I authorize the use of any photos or video taken during this program.

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**Parent/Legal Guardian's Signature**

**Date**