



Family Registration Form

Family Information
Parent(s) Name(s): _____ Email: _____ Phone: _____ Address: _____
Child #1
First Name: _____ Last Name: _____ Birth Date: _____ Age & Grade: _____ Allergies/Medical Notes (Please inform us of anything we should know about) _____ Health Card # _____
Child #2
First Name: _____ Last Name: _____ Birth Date: _____ Age & Grade: _____ Allergies/Medical Notes (Please inform us of anything we should know about) _____ Health Card # _____
Child #3
First Name: _____ Last Name: _____ Birth Date: _____ Age & Grade: _____ Allergies/Medical Notes (Please inform us of anything we should know about) _____ Health Card # _____
We are always looking for team players! Are you interested in participating/serving in The Park? (i.e. Registration Table; Class Lead; Class Helper; Special Events) <input type="checkbox"/> Yes (contact with more info) <input type="checkbox"/> Not at this time Security (Anyone other than Mom & Dad allowed to pick up?) <input type="checkbox"/> Yes: _____ <input type="checkbox"/> No Social Media: Will you allow any pictures of your child(ren) to be posted or shared? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please write on the back of this form any other information that will help us care for your child better! Once you have completed this form, please return to The Park sign in table.

Though all possible efforts will be made to secure your child's safety, *The Village* is not responsible for any injury sustained to your child during his/her stay with us.

Parent Signature: _____ Date: _____