



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: _____ Sex: M___ F___

Preferred Name: _____ Date of Birth: _____ Age: _____

Physical Address: _____

Mailing Address (if different): _____

Main Phone: _____ Secondary Phone: _____

Current Grade Level: _____ School: _____

Child's Interests or Hobbies: _____

When would you like your child to start? _____

PARENT'S INFORMATION

Mother's Name: _____ Ph. 1: _____ Ph.2: _____

Address: _____

Email: _____

Where Do You Work? _____ Typical Work Hours: _____

How Long Have You Been at This Job? _____ Work Ph: _____

Father's Name: _____ Ph. 1: _____ Ph.2: _____

Address: _____

Email: _____

Where Do You Work? _____ Typical Work Hours: _____

How Long Have You Been at This Job? _____ Work Ph: _____

WHICH PROGRAM? Check One:

1. Full Time: _____ 2. Part Time (20 hours per week): _____

CHILD'S DEVELOPMENTAL INFORMATION

Please note any chronic physical problems and pertinent developmental information and any special accommodations needed: _____

Medical Conditions: _____

Allergies (Food or any other): _____

Treatment Prescribed: _____

Are your child's immunizations current? ____ If not please explain: _____

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

List preferred actions to be taken in an emergency situation: _____

Physician's Name & Phone: _____

HELP US OUT!

How did you hear about us? Phone Book – Saw Van – Referred by Someone: (Who?) _____ Other (specify): _____
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PICK-UP POLICY / EMERGENCY CONTACTS

1820 Second Street • Radford, VA 24141 • (540) 267-3000 • rockclub@ntelos.net

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

We will not release a child to anyone unless their name appears on this application. If you 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. Please inform the director of any relevant legal orders.:

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.

Feel free to contact the R.O.C.K. Club if you have any questions. Thank you.

Parent's Signature

Date

(Office Use Only) Admission Date: _____ Termination Date: _____