



REACHING OUR COMMUNITY'S KIDS

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):

<u>SCHOOL AGE</u>	<u>PRESCHOOL</u>
After School Care Only: _____	Part-Time (20 hours per week): _____ Full-Time (over 20 hours per week): _____
Before School Care Only: _____	
Before and After School Care: _____	
Full Time: _____	
Part Time: _____ (2 days per week)	

CHILD'S DEVELOPMENTAL INFORMATION

1820 Second Street • Radford, VA 24141
 Phone: (540) 267-3000 • Fax: (540) 242-4466 • rockclub@ntelos.net

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

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*****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

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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: _____