



# After School Adventure All Day Adventure Registration

## Family Information

Child's Last Name	Child's First Name	Age	Gender	Birth Date

School Attending	Grade

Address	City	State	Zip

Parent/Guardian #1 Name	Email	Relationship to Camper

Phone #1	Home	Cell	Work	Phone #2	Home	Cell	Work

Parent/Guardian #2 Name	Email	Relationship to Camper

Phone #1	Home	Cell	Work	Phone #2	Home	Cell	Work

## Emergency Information

Please list two people, other than parent(s), to be reached in case of emergency and/or authorized to pick up your child.

Name	Phone	Relationship	Emerg. Contact?	Authorized Pick-Up?

Name	Phone	Relationship	Emerg. Contact?	Authorized Pick-Up?

Doctor's Name	Phone	Dentist's Name	Phone

Please list any allergies, medical concerns, or any other special instructions:

My child has an IEP/BIP: Yes    No  
 I receive DSHS assistance for childcare (ASA provider number is 257320) Yes    No

In an emergency, after every effort is made to reach me, I give The Firs permission to seek medical attention for my child Yes    No

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date