

Name of Group: _____

Enrollment Date: _____

Name: _____

Birth Date: _____ **Sex:** He She Other

Address: _____

(Municipality)

(Postal Code)

Email Address: _____

(only to be used to contact you in regards to the group activities)

Other children in home: _____

Mother/Guardian name: _____ **Ph:** _____

Cell: _____

Father/Guardian name: _____ **Ph:** _____

Cell: _____

Health Care # _____

Drs. Name: _____

Ph # _____

Allergies (including food): _____

Person to contact in case of emergency (other than parent or guardian)

Name: _____

Relationship to Child: _____

Ph # _____

Cell # _____

I authorize the following people to pick up my child from group:

Name: _____ **Relationship:** _____

Ph: _____

Name: _____ **Relationship:** _____

Ph: _____

Name: _____ **Relationship:** _____

Ph: _____

Are you on medication? Yes No If yes, please describe _____

Other Information: _____

Signature: _____

Date: _____

"Please note all information provided will be kept strictly confidential"

What do expect to gain from this program? _____

Special Requests:

We will make every effort to place the following members in the same group.

Name: _____

Name: _____

Name: _____

Name: _____