

Catskill Community Center Program Registration Form

Complete and bring this form to your school office or the Catskill Community Center

Date (completing form): _____

Program registering for: _____

Name of Participant _____ T-Shirt Size _____

Family Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ E-Mail _____

Child's Information:

Gender _____ Ethnicity _____

(This helps when applying for grants.)

Date of Birth _____ Age (as of the date of this application): _____

Entering Grade/Current Grade: _____

Medical History & Allergies Information

Please check and give approximate dates when applicable:

Allergies

____ Hay Fever

____ Poison Ivy/Oak

____ Insect Stings

____ Penicillin

Conditions

____ Diabetes

____ Asthma

____ Other: Please explain _____

Does your child currently use any medications? If so please list: _____

Does your child have any medical conditions that may make it difficult to participate in the program for which you are registering? _____ Yes _____ No

If yes please explain _____

Information About the Family

Please check the parent to be notified in the event of emergency

____ Mother/Guardian's Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Office _____

E-Mail _____ Employer _____

____ Father/Guardian's Name _____

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Office _____

E-Mail _____ Employer _____

Emergency Care Information

Name of child's Doctor _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____

Name of child's Dentist _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____

Hospital Preference _____

Insurance Company _____ Policy Number _____

Street Address _____

City _____ State _____ Zip _____

Emergency Contact – Authorized to pick up Child

Name _____ Relationship to Child _____

Home Phone _____ Cell Phone _____

Work Phone _____

Name _____ Relationship to Child _____

Home Phone _____ Cell Phone _____

Work Phone _____

Name _____ Relationship to Child _____

Home Phone _____ Cell Phone _____

Work Phone _____

Is there anyone who is NOT to pick up your child? ___ Yes ___ No

If so please provide name and a copy of Court Order (if needed) _____