

Stone House Farm

Arts and Crafts Program

Registration Form

Program/Week Attending: _____

- 1) Child's Full Name _____ Age _____
2) School _____ Grade (Fall) _____ Date of birth: _____
3) Name of Parent(s) _____
4) Address _____
5) Home Phone _____ Cell Phone _____
6) Parents e-mail _____

- 7) Best way to reach parent/guardian during day:
Name: _____
Cell Phone _____
Home Phone: _____
Other: _____

- 8) Emergency Contact (Person to be contacted in case of an emergency when parent cannot be reached.)
Name _____
Home Phone _____ Cell Phone _____

- 9) Pediatrician or source of health care _____
10) Medical Insurance Information
Subscriber's Name _____
Name of Insurer _____
Policy Number _____

- 11) Medical Emergency Treatment
I hereby give Candi Talley permission to administer basic first aid and/or CPR to my child _____
and/or to take my child _____, to a hospital for medical treatment when I cannot be reached or
when delay would be dangerous to my child's health.

Date Parent Signature

- 12) Please list any allergies or special needs that we should know about your child.

- 13) Photographs of your children may be used for promotional purposes.
Parent Signature: OK to use _____ Please do not use _____