

PRESCHOOL REGISTRATION & EMERGENCY FORM

Session: ___ 0

° V ___ #

If your child is in multiple programs, we'll need one completed form for each program.

Child's Name _____ Nickname _____

Home Phone _____ Birthdate _____ Age _____ Gender _____

Home Address _____

Mother's Name _____ Work/Cell Phone _____

Employer & Address _____

Father's Name _____ Work/Cell Phone _____

Employer & Address _____

Stepparent's Name _____ Work/Cell Phone _____

Employer & Address _____

Child resides with: (Check all that apply) ___Mother ___Father ___Stepmother ___Stepfather ___Other

Person's with legal custody: (Check all that apply) ___Mother ___Father ___Stepmother ___Stepfather ___Other

Indicate emergency contacts authorized to pick-up (one must be outside the DMV area):

Name	Address	Phone	Emergency Contact (Y/N)	Pick-up (Y/N)
1 _____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____

In case a parent cannot be reached, please make sure that two emergency contacts can be reached during program hours.

Does your child have any medical condition that we need to be aware of such as allergies (especially bee stings), medications, recent operations or any other pertinent information that might require our special attention? ___Y ___N

If yes, please explain:

Child's Physician _____ Phone _____

Health Insurance Carrier _____

Policy Number _____

I understand that the Falls Church Recreation & Parks Department will notify me if my child becomes ill, and I, or an authorized emergency contact, will pick up my son/daughter as soon as possible. An employee of the Recreation and Parks Department has my permission, in an emergency when I (or my physician) cannot be reached, to take my child to the emergency room of the nearest hospital and its medical staff has my authorization to provide treatment which a physician deems necessary for the well-being of my child. I received, read and understand the Parent Handbook and agree to the policies stated. I understand that there may be risk inherent in any activity, and I acknowledge that I have been advised to seek advice of a medical doctor before my child participates in this program. I, and my child, assume all risks of illness and injury resulting from participation in the program noted above. I understand that the City of Falls Church makes no representations as to the safety of this program for me. I, and my child, hereby waive and release the City of Falls Church, its agents, officers and employees, including the program instructor, from and against all claims for illness or injury resulting from my child's participation in this program.

Signature of Parent/Guardian _____ Date _____

For Office Use Only: Date Received _____ Physical on File _____ Start Date _____ End Date _____
