



Registration Form

Name _____ Date of Birth _____ Age _____

(1st) Parent's Name _____ Cellular _____

Email Address _____ DOB _____

(2nd) Parent's Name _____ Cellular _____

Email Address _____ Work _____

Mailing Address _____

Home Telephone _____

Volunteer Preference Day _____

- Tues/Thurs/Either for 2 & 3 Year Old Class
- Wed/Fri/Either for 4 & 5 Year Old Class

In Case of Emergency Contact Name _____

ICE's Telephone _____ Cellular _____

Child's Allergies _____

Medical Conditions _____

Child's Doctor _____ Telephone _____

Child's Dentist _____ Telephone _____

Hospital Preference _____

(OVER)

Insurance Company & Policy Number

If you wish to authorize an individual to pick up your child, please list them below:

☺ Name _____

Relationship to Child _____

☺ Name _____

Relationship to Child _____

☺ Name _____

Relationship to Child _____

WAIVER AND RELEASE

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither the parent, the child's doctor nor other specified person can be contacted immediately.

Furthermore, I do hereby and forever discharge the participants, instructors and administrators of the Town of Emerald Isle and the Emerald Isle Parks & Recreation Department of any and all actions, claims and demands for or by reason of any damage, loss or injury which hereafter may be sustained.

A \$125 non-refundable cash or check deposit is due when your child is accepted into the program. Your child's spot will not be reserved until payment is received. This deposit is non-refundable, but will be applied to your child's first month of tuition. The deposit will not be returned should you forfeit your child's space in the program. Sorry, no exceptions.

Parent's Signature _____ Date _____

Office Use Only:

\$125 deposit received on _____ by _____.

Cash _____ Check # _____