



EARLY EDUCATION REGISTRATION FORM

Please submit separate forms for each sibling

Child's Name: _____ DOB: _____ Age: _____ Gender: M / F

School: _____ Start Date _____

Select days and indicate times your child will attend:

☐ Monday _____ ☐ Tuesday _____ ☐ Wednesday _____ ☐ Thursday _____ ☐ Friday _____

Child's Home Address: _____

Parent/Guardian's Name: _____

Address: _____ E-mail: _____

Phone(cell): _____ OK to text msg? yes / no Phone(H/W): _____

Parent/Guardian's Name: _____

Address: _____ E-mail: _____

Phone(cell): _____ OK to text msg? yes / no Phone(H/W): _____

ADDITIONAL PEOPLE WHO MAY PICK UP MY CHILD(REN) / EMERGENCY CONTACTS

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

MEDICAL INFORMATION

Physician's Name: _____ Phone: _____ Current Medications: _____

Allergies: _____ Insurance Company: _____ Policy Number: _____

Dentist's Name: _____ Phone: _____

PICTURE RELEASE

I, (**parent/guardian**) _____ give my permission for (**son/daughter**) _____ to be photographed or videotaped during his/her time at Part 2 After School or Summer Camp. These photographs and videos may be used on our website or publications.

PARENT/GUARDIAN AUTHORIZATION

I authorize the Part 2 staff to provide emergency medical care and associated transportation that may be involved. I give my permission to contact my child's physician or dentist in an emergency situation.

Signed: _____ Date: _____

Please mail or scan and email this completed registration form to:

Part 2, Attn: Katie Goossen, 125 School St., Richmond, VT, 05477 katie@part2kids.com

Or submit to the front desk staff at your child's school.

If you are new to Part 2 Early Education, please include the one time registration fee of \$25/child.

PLEASE MAKE CHECKS OUT TO: Part 2 + (School Name)