 **REGISTRATION FORM**

CHILD’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE:\_\_\_\_\_\_\_ GENDER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHILD’S BIRTHDATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DESIRED START DATE \_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CIRCLE DAYS ATTENDING: M T W Th F

Social Security #\_\_\_\_\_\_\_\_\_\_\_\_\_\_PARENT D.O.B. \_\_\_\_\_\_ ESTIMATED ARRIVAL TIME \_\_\_am/pm

PARENT’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ESTIMATED DEPARTURE TIME \_\_\_\_am/pm

Social Security #\_\_\_\_\_\_\_\_\_\_\_\_\_\_PARENT D.O.B. \_\_\_\_\_\_ NAME USUALLY CALLED:\_\_\_\_\_\_\_\_\_

**PERSONAL HISTORY**

Does your child have special needs: (circle) NO YES If yes, how can we best meet the needs of your child in our program?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Does your child need special assistance with certain tasks such as the following:

(Circle those that apply to your child *that are age appropriate)*

Walking/Running Toileting Sight Communication Dressing Hearing

Other *(please explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\*\*If you have checked any special needs, please arrange a conference with the Program Director to evaluate our ability to meet your child’s needs in our program. If there is any additional information about your child that you would like to share with us please provide that information on a separate page.*

**SOCIAL RELATIONSHIPS**

How do you feel your child functions in a group?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How does your child express his/her feelings?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What do you feel is the best way of positively disciplining your child?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are your child’s interests?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT AUTHORIZATIONS**

In the event that I cannot be reached, I hereby give Adventure Planet staff permission to administer first aid and/or obtain emergency medical care for my child. I expect that a conscientious effort will be made to locate me or my designee(s). Any expense incurred will be accepted by me.

I agree on behalf of myself and my child that any claim or dispute arising out of the services provided by this contract will be settled by binding arbitration administered by the American Arbitration Association. I agree to have a court enter judgment on and (for my child) approve any award or settlement.

I acknowledge that I have received the Parent Handbook, and agree to abide by the policies state within.

I give my permission for my child to be photographed on field trips and in the center and understand the photos may be used for publicity purposes.

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_