

***Faulkton Area Out of School  
Program Registration***

**Child Information:**

Full Name \_\_\_\_\_ Nick/ Preferred Name \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Anticipated Start Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Any Food Allergies/Intolerances: \_\_\_\_\_  
Medication Allergies \_\_\_\_\_  
Other Allergies: \_\_\_\_\_  
Medical Conditions (attention disorders, epilepsy, diabetes, physical limitations, etc.) \_\_\_\_\_  
\_\_\_\_\_  
Additional information you would like us to know about your child \_\_\_\_\_  
\_\_\_\_\_

**Immunizations:** The program requires a current copy of immunizations to be kept on file. I give permission for this program to obtain a copy from the County Health Office or obtain a copy the school district has on file.

**Parent initials** \_\_\_\_\_

**Family Information:**

1) Parent/Guardian Name \_\_\_\_\_  
Address (if different from child) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Mobile phone \_\_\_\_\_ Text: yes no Home phone \_\_\_\_\_  
Place of employment \_\_\_\_\_ Work phone \_\_\_\_\_  
e-mail that you check on a regular basis \_\_\_\_\_

2) Parent/Guardian Name \_\_\_\_\_  
Address (if different from child) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Mobile phone \_\_\_\_\_ Text: yes no Home phone \_\_\_\_\_  
Place of employment \_\_\_\_\_ Work phone \_\_\_\_\_  
e-mail that you check on a regular basis \_\_\_\_\_

3) Siblings: Name	Age	Grade	Can they 'pick up' above child?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Child Safety Information:**

Please list people who are going to pick your child up from the program on a regular basis. Please note that a verified phone call or text to program staff will suffice if a different individual not listed will be picking you child up for the day. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is your child allowed to 'walk or ride bike' to and from the program unaccompanied? \_\_\_\_\_ yes no \_\_\_\_\_  
Please note that the program will not provide this supervision. If children are transporting themselves to and from the program (by bike for example), The program will not take responsibility for any injury the child suffers while not in our care.

Is there anyone that is restricted from seeing or picking up above child? Please list and explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contacts:**

Please list at least two emergency contacts (other than parent/guardian)

Name

Relationship to child

Contact number:

Child's Primary Doctor

Phone

Child's Primary Dentist

Phone

Other Medical professionals that may need to be contacted in an emergency

Phone

In the event of an emergency, I give my permission to the program staff to have my child treated by medical personnel. The staff member in charge shall make reasonable attempts to contact me prior to and during emergency medical treatment. **Initial** \_\_\_\_\_

**Transportation & Media Waiver:**

I understand that at times, a field trip or activity will be scheduled that require transportation by vehicle. Parents will be notified in advance of such activities. I give permission for the program to transport my children via volunteers and or staff in a safe manner by vehicle to said functions. **Initial** \_\_\_\_\_

I give the program permission to photograph my child for media purposes. At times, news articles and information will be printed or submitted to newspaper or other community publications/media/social media for the purpose of advertising and promotion of this program. **Initial** \_\_\_\_\_

**Child's Swimming Ability (Note: only Summer and Field Trip Registrants need to fill this part out):**

Red Cross Swimming Level (please circle) 1 2 3 4 5 6 unknown

Notes about swimming ability \_\_\_\_\_

**Other information you want the Director/Staff to know about your child (feel free to call and discuss this with the director in a confidential manner):** \_\_\_\_\_

I acknowledge that I have also received the contract information and liability waiver (a separate document) and I have read in entirety and filled out and signed both pages. **Initial** \_\_\_\_\_

I attest that the above information is accurate and up to date to the best of my knowledge. In consideration of my child being allowed to participate in this recreation program, I agree to assume all risks of such activity and hereby release and hold harmless Faulkton Area Out of School Program along with the Faulkton Area School District and their agents, employees, instructors, and student interns from any and all claims, suits, losses, or causes of action for damages, for injury or death, including claims of negligence, arising out of or related to my child's participation in the youth recreation program.

Signed Name \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

~~~~~  
For office use only:

Registration received on \_\_\_\_\_ (date) by \_\_\_\_\_ (staff)

Reviewed on the following dates for information and accuracy: