



AFTER-SCHOOL PROGRAM REGISTRATION FORM

Last Name:	
First Name:	Nick Name:
Birthday:	Start Date:
NAMES OF SIBLINGS AND THEIR BIRTHDATES:	

PARENTS OR GUARDIANS

(1) Last Name:		First Name:	
Relationship to Child:			
Address:			
City:		Zip Code:	
Home Phone:		Work Phone:	
Cell Phone:		Email:	
Employer:			
(2) Last Name:		First Name:	
Relationship to Child:			
Address:			
City:		Zip Code:	
Home Phone:		Work Phone:	
Cell Phone:		Email:	
Employer:			

OTHER EMERGENCY CONTACT

Name:	
Relationship to the Child:	Work Phone:
Home Phone	Cell Phone:

AUTHORIZATION FOR PICK-UP

Your child will only be released to an authorized person listed on this form (parent/guardian and/or emergency contact). In case of an emergency or an unforeseen circumstance, please indicate the name address and phone number of any other person/s who you authorize to pickup your child on your behalf.

Name	Address	Phone
-	-	-
-	-	-
-	-	-

A parent/guardian's verbal/written authorization for pickup must be received **before** your child will be released to anyone not listed here. If not received, and we are unable to notify you by phone, the child will not be released. For additional names, please include a separate piece of paper with their contact information.



AFTER-SCHOOL PROGRAM REGISTRATION FORM (CONTINUED)

MEDICAL INFORMATION

Doctor's Name:	Office Phone:
Address:	
City:	Zip Code:
Medical Insurance #:	Child's Personal ID#
Allergies:	
Medical Problems, Conditions/Disorders:	
Other Information we should know about your child:	

EMERGENCY CONSENT

It is our policy to notify a parent when a child is ill or needs medical attention. Occasionally , we cannot contact a parent and need to get immediate help for your child. Our procedure is to take your child to the nearest emergency service.

Please sign below so that we can take appropriate action on behalf of your child.

I HEREBY GIVE MY/OUR SONSENT FOR MY/OUR CHILD _____ WHEN ILL/INJURED, TO BE TAKEN TO THE NEAREST EMERGENCY CENTER BY KLAMATH FAMILY MARTIAL ARTS STAFF WHEN I/WE CANNOT BE CONTACTED. I CONSENT TO AN AMBULANCE BEING CALLED TO TRANSPORT THE CHILD, IF NECESSARY. I FURTHER AGREE TO PAY ALL COSTS INCURRED FOR TRANSPORT.

Parent/Guardian Signature	Parent/Guardian Signature
Date	Date