

# Camas Community CCECC Registration Form

Child's Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Mother Info: Name \_\_\_\_\_ Phone #1 \_\_\_\_\_ #2 \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Father Info: Name \_\_\_\_\_ Phone #1 \_\_\_\_\_ #2 \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Name(s) of other persons authorized to pick up your child:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have any allergies to food, etc? \_\_\_\_\_

Does your child have any physical limitations? \_\_\_\_\_

Does your child participate in Special Ed Program/IEP? Yes  No

If your child needs prescribed medication, arrangements must be made by calling 360-833-5544.

## **MEDICAL RELEASE: I give permission for staff to seek emergency medical treatment for my child.**

Name of Child's Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contacts (if you cannot be reached):

Name \_\_\_\_\_ Phone #1 \_\_\_\_\_ #2 \_\_\_\_\_

Name \_\_\_\_\_ Phone #1 \_\_\_\_\_ #2 \_\_\_\_\_

I understand the Community Education program does not provide insurance. I certify that my child is physically and mentally able to participate in this program. I, intending to be legally bound, waive and release my rights and claims for damages I may accrue against any and all sponsors of this program.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Drop off time before school \_\_\_\_\_

Pick up time after school \_\_\_\_\_

Days attending: Mon AM \_\_\_ PM \_\_\_

Tues: AM \_\_\_ PM \_\_\_

Wed: AM \_\_\_ PM \_\_\_

Thurs: AM \_\_\_ PM \_\_\_

Fri: AM \_\_\_ PM \_\_\_

Office Use Only: Reg  date \_\_\_\_\_