

Head Over Heels Summer Day Program Registration Form

FAMILY LAST NAME _____ (the last name used to identify you in our database)

Address: _____ City _____ State _____ Zip _____

CONTACT #1 First Name: _____ Last Name: _____

Home Phone: _____ Cell #: _____ Work #: _____

Email : _____ (emails are kept confidential)

CONTACT #2 First Name: _____ Last Name: _____

Home Phone: _____ Cell #: _____ Work #: _____

Email : _____ (emails are kept confidential)

Emergency Contact Info. (Name and Phone Number): _____

Child's INFO:

First Name: _____ Last Name: _____ Gender: _____ Birth Date: _____

Please Put a Check Next to the Weeks for Which You Are Registering:

6/24-6/28 _____ 7/1-7/5 * _____ 7/8-7/12 _____ 7/15-7/19 _____ 7/22-7/26 _____
7/29-8/2 _____ 8/5-8/9 _____ 8/12-8/16 _____ 8/19-8/23 _____ 8/26-8/30 _____

Please Put a Check Next to the Program for Which You Are Registering:

Full Day _____ **Half Day Morning** _____ **Half Day Afternoon** _____

Pick Up Information

For your child's protection, only the persons specified below and who know your child's sign-out password will be permitted to pick up your child. (If protection orders, restraining orders, etc. are relevant, please attach a note describing the situation so that we may ensure the safety of your child.) In addition to myself, the following people have my permission to pick up my child:

Name: _____

Name: _____

Name: _____

Name: _____

Please choose a password that you can easily remember but is not easy for a stranger to figure out (such as a nickname or pet name.) You and anyone picking up your child **MUST** be able to tell our staff this password. Children will not be allowed to go home with people who do not know the password until the primary guardian has been contacted via phone.

Password: _____

Parent/Guardian's Signature: _____