



Trekkers Registration Form

Please PRINT clearly

Office Use Only:

Enrollment Date: _____

M T W Th F

Reg.: _____ Check/Cash: _____

Fee: _____/week

Child's Full Name _____ DOB: _____
Last First MI mm/dd/yyyy

Gender **M F** Name child uses: _____ Siblings enrolled: _____

Home Address: _____ Apt. # _____
Street Name, P.O. Box, or other mailing address

City State Zip Code Home Phone #: _____

Grade: _____ (11-12) School child attends: _____ Registering for **SUMMER FALL BOTH**

Previous childcare arrangements: _____

Reason for change: _____

Who can we thank for referring you? _____

Parent/Guardian Information

Father

Full Name: _____

Employer: _____

Work Address: _____

Work Phone #: _____

Mobile Phone #: _____

*Email: _____

Mother

Full Name: _____

Employer: _____

Work Address: _____

Work Phone #: _____

Mobile Phone #: _____

*Email: _____

***Email is our primary means of communication.**

Child lives with: (check all that apply) father mother grandparent other _____

Emergency Contacts (Someone other than parents/guardians who can be easily contacted in case of an emergency)

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Home Phone #: _____

Home Phone #: _____

Work Phone #: _____

Work Phone #: _____

Mobile Phone #: _____

Mobile Phone #: _____

Parents and Emergency Contacts are on Sign Out List unless specified otherwise.

Allowed Sign Out (Other persons allowed to pick up your child. Identification MUST be shown if someone other than parents)

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Home Phone #: _____

Home Phone #: _____

Work Phone #: _____

Work Phone #: _____

Mobile Phone #: _____

Mobile Phone #: _____

Medical Information

Name of Hospital/Healthcare Facility: _____

Name of Doctor: _____ Phone #: _____

Insurance Name: _____

Group Name/Number: _____ I.D. # _____

Allergies (medicine and food):

_____ mild moderate severe Treatment/Instructions: _____
_____ mild moderate severe Treatment/Instructions: _____

Medical Conditions (diabetes, epilepsy, etc.):

Prescriptions Taken Daily (written permission/instructions will also need to be on file):

Does your child have any special needs? If yes, do they have an IEP at school?

T-Shirt Size **YS** **YM** **YL** **AS** **AM** **AL**

Faith Survey Do you and your family attend church regularly? **Yes** **No**

If so, where do you attend? _____

Please circle the appropriate answer and sign below.

Photo Authorization

*I hereby authorize Longview Heights/Trekkers personnel, in their discretion, to use, distribute, and publish any and all photographs, video recordings, and or sound recording from Trekkers on behalf of LHBC. **Yes** **No***

Field Trip Authorization

*I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by Trekkers, including field trips and other activities. I/We understand that other permission forms may be required for specific events in which the children may participate. **Yes** **No***

All information concerning your child and family is strictly confidential and will be respected as such.

I certify that all the information provided above is accurate and current, to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

Revised: 2/1/11