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REGISTRATION FORM

Please check program you are registering your child for:

School Year (August-June) _____	DROP – IN _____
6:00 a.m. – 7:45 a.m. _____	2:07 p.m. – 3:30 p.m. _____
7:00 a.m. – 7:45 a.m. _____	2:07 p.m. – 4:30 p.m. _____
	2:07 p.m. – 5:30 p.m. _____
	2:07 p.m. – 6:30 p.m. _____

Winter Camp _____ Week 1 _____ Week 2 _____ Both weeks _____
 Spring Camp _____ No School Holiday (date) _____

CHILD’S INFORMATION

Child’s Name _____ Date of birth ____/____/____
 Place of Birth _____ Primary language _____

Eye color _____ Hair color _____ Sex ____ Height _____ Weight _____

Identifying Marks: _____

Allergies: _____

PARENT/GUARDIAN INFORMATION

Name _____	Name _____
Relationship _____	Relationship _____
Address _____	Address _____
_____	_____
Email Address _____	Email Address _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____
Employer Name _____	Employer Name _____
Address _____	Address _____
_____	_____
Work Phone _____	Work Phone _____

EMERGENCY CONTACT INFORMATION

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child, _____ (name of child). If I cannot be reached, I understand that the emergency contacts listed below will be called. However, I hereby authorize Bright Horizons and Club Horizons to call an ambulance to transport my child to a hospital or medical facility and to secure for my child the necessary medical treatment. I understand the faculty at the Club is trained basic first aid and CPR and I authorize them to administer the same to my child.

To assure my children's safety, Bright Horizons will not release my child to any other person unless I notify the center in advance following the guidelines listed below:

- If the person picking up my child is listed on this form, I must notify the Club/Camp verbally.
- If the person picking up my child is NOT listed on this form or is the parent of another child from Club Horizons/Camp Explorations, I must notify the Club/Camp in writing, if possible. If it is not possible to send a written note, I will notify the Club/Camp verbally, and will give the person picking up my child the computer access code needed to sign my child out of the Club/Camp for the day. The person will be required to report to the office and to present photo identification before my child will be delivered to him/her.

Child's Name: _____ **Date of Birth:** _____

1. Name: _____ Relationship: _____
Address: _____ Day Phone #: _____
City/ST/Zip: _____ Evening Phone #: _____

2. Name: _____ Relationship: _____
Address: _____ Day Phone #: _____
City/ST/Zip: _____ Evening Phone #: _____

3. Name: _____ Relationship: _____
Address: _____ Day Phone #: _____
City/ST/Zip: _____ Evening Phone #: _____

By signing below, I agree to pay all monies due Club Horizons/Camp Explorations by the due date. All payments are monthly. I understand that my child will be removed from the program if payment is not made. **Late payments may be subject to late fee. Once payment is made, there will be no refunds given.**

By signing below, I agree to the rules and regulations set forth in the Student and Family Handbook in use by JFK Medical Center Charter School, our partner at Club Horizons.

Parent/Guardian's Signature

Date

Parent/Guardian's Signature

Date