

Summer Camp

First Steps Early Child Development Registration Form

PH. 334-371-2104/ 334-371-2103 (fax)

Date: _____

Student's Name: _____
(Last) (First) (Middle)

Name child is known by: _____

Age of student: _____ Date of birth: _____ Sex (M or F): _____

Address: _____ Home Phone #: _____

Parent/Guardian Information

Parent/Guardian 1:

Parent/Guardian 2:

Name: _____

Name: _____

Relation: _____

Relation: _____

Occupation: _____

Occupation: _____

Home Address: _____

Home Address: _____

City/State/Zip: _____

City/State/Zip: _____

Employer: _____

Employer: _____

Work Phone: _____

Work Phone: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

List below the person(s), in addition the parents/ guardians listed above, the child may be released to:

Name	Relationship to child	Address	Telephone#

First Steps Early Child Development Registration Form

PH. 334-371-2104/ 334-371-2103 (fax)

First Steps Early Child Development Registration Form—page two of two—form not valid without first page

Student's Name _____
(Last) (First)

Describe any special needs or instruction below:

Transfer Information

Name of Program: _____

City, State, Zip: _____

In the event of illness or injury to my child, which in the judgment of a BCBOE/ First Steps/ Healthy Kids staff member, requires emergency treatment, my permission is granted to call the following doctors, after attempts made to contact me by telephone have been unsuccessful.

Doctor: _____ Doctor: _____

Phone: _____ Phone: _____

The hospital of my choice is _____

My child is allergic to the following:

Medications: _____

Food: _____

Other: _____

I give permission for Butler County School System/ Healthy Kids to obtain emergency medical treatment, including emergency transportation, for my child, if I cannot be reached immediately. I hereby release the Butler County Board of Education/ Healthy Kids from any claim/ liability arising out of the medical emergency. I agree to be responsible for any medical expenses incurred.

(Parent/Guardian Signature)

(Date)

It is the policy of the Butler County Board of Education that no person will be excluded from participation in, be denied the benefits of, or be subjected to discrimination in any program or activity on the basis of race, color, disability, sex, religion, national origin/ethnic group, or age.