

Program Registration Form 2011/2012



Date of Admission (Office Use Only)		Allergies	
Date of Discharge (Office Use Only)			
Name of Child (Last, First, Middle Initial)		Address (Number & Street, Building/Apartment Number)	
Child's Date of Birth	Home Phone ()	City	State Zip Code
Father/Legal Guardian's Name	Home Phone	Mother/Legal Guardian's Name	Home Phone
Home Address (if not child's address)	Cell Phone	Home Address (if not child's address)	Cell Phone
City	State	Zip Code	City State Zip Code
Primary Language (circle all that apply): English Spanish Arabic Other: _____	Date of Birth	Primary Language (circle all that apply): English Spanish Arabic Other: _____	Date of Birth
Employer/School Name	Employer/School Name		
Address (Employer/School)	Address (Employer/School)		
City	State	Zip Code	City State Zip Code
Employer/School Phone	Daily Work/School Times	Employer/School Phone	Daily Work/School Times
Name(s) and Phone (s) of Person (s) other than Parent or Legal Guardian to whom child may be released:			
Child's School	Grade	Gender _____ Male _____ Female	
Primary Language (circle): English Spanish Arabic Other: _____			
Transportation Mode (Circle): Bus Pick Up Walk Other: _____			
Race (Check all that apply): Hispanic or Latino _____ Asian _____ White _____ African American _____ Other: (Please Specify) _____			
I give permission to <u>First Chance, Inc.</u> , licensed by the Department of Human Services to secure emergency medical and/or emergency (Provider's Name) surgical treatment for the above named minor child while in care.			
Signature of Parent Guardian		Date Signed	
Name of Child's Physician or Health Clinic	Physician's or Health Clinic's Phone Number ()		
Address of Child's Physician or Health Clinic	Name of Health Insurance Carrier		
Hospital Preferred Emergency Treatment	Health Policy Number		
Special Needs:	Date of Last Dtap (Diphtheria, Tetanus, Pertussis) Shot		
Name of Local Person to be notified in an Emergency When Parents Not Available	Local Address & Phone Number of Emergency Person		
Special Instructions:			
First chance will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to First Chance.		AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation	