



Summer 2010 Program Registration Form

Date of Admission		Allergies			
Date of Discharge					
Name of Child (Last, First, Middle Initial)			Address (Number and 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
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		Employer/School Phone		Daily Work/School Times	
Name(s) of Person 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 _____ First Chance, Inc., licensed by the Department of Human Services to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care. (Provider's Name)	
Signature of Parent or 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 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.