



Program Registration Form

2010/2011 School Year

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 Oher: _____		Date of Birth	Primary Language (circle all that apply): English Spanish Arabic Oher: _____		Date of Birth
Employer/School Name			Employer/School Name		
Adress (Employer/School)			Adress (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 (Diptheria, Tetanus, Pertussis) Shot		
Name of Local Person to be notified in an Emergency When Parents Not Available			Phone Number & 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 experssion, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to made your needs known to First Chance.				AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation	