

Firs & Fiddleheads Re-enrollment/Summer

Child's Name: _____ Birthdate (mm/dd/yy): _____ Sex: M F

Residing parent/Guardian Name(s): _____

Age in Fall: _____

| SUMMER WEEKS ATTENDING | | | |
|--|-------|--------|-------|
| Please let us know what week(s) you are registering for: | | | |
| Week # | Dates | Week # | Dates |
| | | | |
| | | | |
| | | | |

I understand that I will be responsible for payment based on the above schedule.

CONTACT INFORMATION: **Please make careful note of any address and phone number changes. **

| PARENT/GUARDIAN INFORMATION #1 | | | | | | |
|--------------------------------|---------|------------|------------------------------|-------------------|--------|---------|
| Name: _____ | | | Relationship to child: _____ | | | |
| Circle Applicable Description: | Married | Divorced | Partner | Separated | Single | Widowed |
| Address: _____ | | | | | | |
| City: _____ | | Zip: _____ | | Home Phone: _____ | | |
| Cell Phone: _____ | | | Email: _____ | | | |
| Work Phone: _____ | | | Work Place: _____ | | | |

| PARENT/GUARDIAN INFORMATION #2 | | | | | | |
|--------------------------------|---------|------------|------------------------------|-------------------|--------|---------|
| Name: _____ | | | Relationship to child: _____ | | | |
| Circle Applicable Description: | Married | Divorced | Partner | Separated | Single | Widowed |
| Address: _____ | | | | | | |
| City: _____ | | Zip: _____ | | Home Phone: _____ | | |
| Cell Phone: _____ | | | Email: _____ | | | |
| Work Phone: _____ | | | Work Place: _____ | | | |

EMERGENCY CONTACT INFORMATION

Name: _____ Home Phone: _____
Relationship: _____ Cell Phone: _____
Work Phone: _____

Please note: *Only the people listed below (along with the parents listed above) will be granted permission to pick up your child. Please contact the registrar if this form needs to be updated at any time during the school year.*

AUTHORIZED PICK UP INFORMATION

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

MEDICAL INFORMATION

Date of last physical: _____ Dental exam: _____ Vision exam: _____
Child's Physician: _____ Phone: _____
Child's Dentist: _____ Phone: _____
Insurance: _____ Policy #: _____

HEALTH INFORMATION

Please list any updates or new information to your child's health ie. Allergies, medical concerns, or other special instructions: _____

OTHER INFORMATION

- I have read and agree to the Firs & Fiddleheads parent Handbook on firsandfiddleheads.org
- The Firs has my permission to use photographs of my child for display/program purposes.

Parent Signature: _____ Date: _____