Faulkton Area Out of School
Program Registration

Child Information:
Full Name _____   Nick/ Preferred Name _____
Date of Birth ____/____/____   Anticipated Start Date _____
Address _____   City _____   Zip _____
Any Food Allergies/Intolerances: _____
Medication Allergies _____
Other Allergies: _____
Medical Conditions (attention disorders, epilepsy, diabetes, physical limitations, etc.)_____
_____
Additional information you would like us to know about your child _____
_____

Immunizations: The program requires a current copy of immunizations to be kept on file. I give permission
for this program to obtain a copy from the County Health Office or obtain a copy the school district has on file.
                                                           Parent initials _____
Family Information:
1) Parent/Guardian Name _____
Address (if different from child) _____   City_____   Zip_____
Mobile phone _____Text: yes   no   Home phone _____
Place of employment _____   Work phone _____
e-mail that you check on a regular basis _____

2) Parent/Guardian Name _____
Address (if different from child) _____   City_____   Zip_____
Mobile phone _____Text: yes   no   Home phone _____
Place of employment _____   Work phone _____
e-mail that you check on a regular basis _____

3) Siblings: Name   Age   Grade   Can they 'pick up' above child?
_____
_____
_____
_____

Child Safety Information:
Please list people who are going to pick your child up from the program on a regular basis. Please note that a
verified phone call or text to program staff will suffice if a different individual not listed will be picking you
child up for the day. _____
_____
_____

Is your child allowed to 'walk or ride bike' to and from the program unaccompanied? _____yes   no _____
Please note that the program will not provide this supervision. If children are transporting themselves to and
from the program (by bike for example), The program will not take responsibility for any injury the child
suffers while not in our care.

Is there anyone that is restricted from seeing or picking up above child? Please list and explain _____
_____
_____

Emergency Contacts:
Please list at least two emergency contacts (other than parent/guardian)
Name   Relationship to child   Contact number:
_____
_____

Child's Primary Doctor_____ Phone _____
Child's Primary Dentist _____ Phone _____
Other Medical professionals that may need to be contacted in an emergency
_____ Phone_____

In the event of an emergency, I give my permission to the program staff to have my child treated by medical personnel. The staff member in charge shall make reasonable attempts to contact me prior to and during emergency medical treatment. **Initial _____**

Transportation & Media & Sunscreen Bug Spray Waiver:
I understand that at times, a field trip or activity will be scheduled that require transportation by vehicle or community transit. Parents will be notified in advance of such activities. I give permission for the program to transport my children via volunteers, staff and Community Transit Personnel in a safe manner by vehicle to said functions.

Initial _____

I give the program permission to photograph my child for media purposes. At times, news articles and information will be printed or submitted to newspaper or other community publications/media/social media for the purpose of advertising and promotion of this program. **Initial _____**

I understand that it is the program's policy to apply sunscreen to all children when outdoor activities take place and to use bug spray when warranted. I give the program permission to apply sunscreen and bug spray to my child. If my child has allergies or sensitivities to either product, I understand that I will have to provide an alternative product (sunscreen must be SPF 30 or higher) to use in its place. **Initial _____**

Child's Swimming Ability (Note: only Summer and Field Trip Registrants need to fill this part out):
Red Cross Swimming Level   (please circle) 1   2   3   4   5   6   unknown
Notes about swimming ability _____
_____

Other information you want the Director/Staff to know about your child (feel free to call and discuss this with the director in a confidential manner): _____
_____
_____
_____

I acknowledge that I have also received the contract information and liability waiver (a separate document) and I have read in entirety and filled out and signed both pages. **Initial _____**

I attest that the above information is accurate and up to date to the best of my knowledge. In consideration of my child being allowed to participate in this recreation program, I agree to assume all risks of such activity and hereby release and hold harmless Faulkton Area Out of School Program along with the Faulkton Area School District and their agents, employees, instructors, and student interns from any and all claims, suits, losses, or causes of action for damages, for injury or death, including claims of negligence, arising out of or related to my child's participation in the youth recreation program.

Signed Name _____ Date_____

Printed Name _____
~~~~~~
For office use only:
Registration received on _____(date) by _____(staff)
Reviewed on the following dates for information and accuracy: