Forest School Colette Mann 250 927 4844 outthedoorforestschool@gmail.com

Drop in Registration form

Drop in Registration for the program on: ___ Wednesday ___ Thursday

Name of Student Last name: _____ Gender: _____	 First name: _____ Middle name: _____ Date of birth: (MMM/DD/YYYY) _____
Name of Parents, Guardian Last name: _____ Home Phone: _____ Cell Phone: _____	 First name: _____ Work phone: _____ E mail: _____
Does your child need to take medication on a regular basis? ___YES ___NO Does your child have any Allergies or health conditions? ___YES ___NO	
Emergency Contact besides Parent/ Guardian Last name: _____ phone: _____ Can pick up student: ___YES ___NO	 First name: _____ Relationship to student: _____ E mail: _____

For the correctness of this document, Parent/ Guardian

Name printed: _____

Signature: _____ Date: _____