



## Drop in Registration form

Registration for: Date: \_\_\_\_\_ Forest Play (4&5y) \_\_\_\_\_ Forest School (5-7y) \_\_\_\_\_ Forest School (7-9y)

(I need at least 4 children enrolled to operate the program.)

### Name of Student

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Middle name: \_\_\_\_\_

Gender: \_\_\_\_\_

Date of birth: (MMM/DD/YYYY) \_\_\_\_\_

### Name of parent, Guardian

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Home phone: \_\_\_\_\_

work phone: \_\_\_\_\_

Cell 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

### Information about the student you like to share with me:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Emergency Contact besides parent/guardian

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

phone: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Can pick up student:  YES  NO

E mail: \_\_\_\_\_

### For the correctness of this document, Parent/ Guardian

Name printed: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_