

**PARKWAY SUMMER FUN DAYS**  
5801 New Territory Blvd, Sugar Land, TX 77479  
Phone 281-494-5050 Fax 281-494-5051

**CHILD REGISTRATION FORM Summer of 2012**

Child's full name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Parent email address: \_\_\_\_\_  
Age by June 1<sup>st</sup>: \_\_\_\_\_ Child Gender: M/F Date of Birth: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
Child is under care of: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother: \_\_\_\_\_ Father  
Is Child potty trained? Yes \_\_\_\_\_ No \_\_\_\_\_ Working on Training \_\_\_\_\_

Does your child have any special requirements such as allergies, existing illnesses or conditions, previous serious illness, injuries, hospitalizations during the last 12 months, any medications for a long term continuous use and/ or other condition that our staff should know about?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe \_\_\_\_\_

**List telephone Numbers where parents can be reached while attending these sessions:**

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

**Other people to contact in case of emergency:**

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

**My child can be released to the following individuals:**

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION**

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or the person in charge to take my child to:

Name of Licensed Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Or Name of Hospital or Clinic \_\_\_\_\_ Phone # \_\_\_\_\_

**Insurance Carrier** \_\_\_\_\_ **Group #** \_\_\_\_\_

\_\_\_\_\_ **No Insurance Coverage** \_\_\_\_\_ **Do Not wish to provide Medical Information**

**I give consent for this facility to secure any and all necessary emergency medical care for my child.**

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent or Guardian**

**Sessions desired:**

Session 1 - July 9,11 \_\_\_\_\_

Session 2 - July 16,18 \_\_\_\_\_

Session 3- July 23,25 \_\_\_\_\_

Session 4 – July 30, August 1 \_\_\_\_\_

For more information check us out online at: [www.parkwaydayschool.com](http://www.parkwaydayschool.com)