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## REGISTRATION FORM

Date \_\_\_\_\_

I am registering my child for (name program) \_\_\_\_\_

### Student Information

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Age \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

### Parent / Guardian Information

Email \_\_\_\_\_

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

Relationship to student \_\_\_\_\_ Work# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Relationship to student \_\_\_\_\_ Work# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

# EMERGENCY CONTACT INFORMATION

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

Relationship to student \_\_\_\_\_ Work # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Email \_\_\_\_\_

Is there anyone who is not allowed to pick up your child? \_\_\_\_\_

Name \_\_\_\_\_

Please list any allergy or medical condition student may have and list medication he /she takes.

\_\_\_\_\_

Any dietary restrictions? (YES / NO) If yes please list \_\_\_\_\_

\_\_\_\_\_

Is there any other information we should know \_\_\_\_\_?

\_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

## PERMISSION SLIP

I give permission for my child \_\_\_\_\_  
to attend the event(s) registered for and certify that my child is capable of  
participating in these activities. I understand that for some programs I am giving the  
Padua Center permission to take my child on a bus, in a rental car or a Padua Center  
vehicle. The Padua Center cannot assume responsibility or liability for accidents of  
loss connected to this chosen transportation. The Padua Center recommends that  
parents / guardians arrange transportation from the Padua Center after the activity is  
over. \_\_\_\_\_(Initial)

In the event of an emergency where I or my emergency contact cannot be reached, I  
authorize the Padua Center to secure medical treatment for my child. \_\_\_\_\_(Initial)

I give permission to use all written comments, pictures, videos and / or movies in  
which my child may appear for publicity, promotion and advertising on behalf of  
the Padua Center. \_\_\_\_\_(Initial)

I understand that I have a right and am encouraged to accompany my child on field  
trips (providing my own transportation) to attend any sessions, classes, activities  
and camps at the Padua Center. \_\_\_\_\_(Initial)

Parent / Guardian Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

### *Please Circle All That Apply*

*After School Program*

*Emerging Young Ladies*

*Grooming Great Gentlemen*

*Summer Camps*

*Summertime Tutoring*

*Padua Potters (gardening)*

*Other Special Program*