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Registration and Permission Form

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?_____

_____

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 Padua Center permission to take my child on a bus, in a rental car or a Padua Center vehicle. Padua Center cannot assume responsibility or liability for accidents of loss connected to this chosen transportation. Padua Center recommends that parents / guardians arrange transportation from 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 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 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 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