

REGISTRATION

Fall Session of Port Tots 2018

CHILD'S NAME _____

PARENT(S)/GUARDIAN(S) _____

ADDRESS, CITY _____

PHONE NUMBER _____

HM/WK/CELL (circle one)

PRESENT AGE _____ GRADE _____ SCHOOL ATTENDING _____

ATTENDANCE RECORD:

9/7	9/14	9/21	9/28	10/5	10/12	10/19	10/26	11/16	11/30	12/7	12/14	12/21

LIST ANY ALLERGIES OR MEDICAL CONDITIONS THAT YOUR CHILD HAS:

DOES YOUR CHILD NEED MEDICATION WITH THEM FOR THIS CONDITION? _____

IF SO, WHAT IS THE NAME AND DOSAGE OF THE MEDICATION(S)?

IS YOUR CHILD ALLOWED TO LEAVE WITH ANYONE OTHER THAN YOU? **YES NO (Circle one)**

IF YES, PLEASE PROVIDE THE NAME(S) OF THE PERSON(S)

PLEASE READ AND UNDERSTAND THE FOLLOWING CONSENT STATEMENT:

- **THE PORT LIBRARY, ITS EMPLOYEES AND VOLUNTEERS ARE NOT TO BE HELD RESPONSIBLE FOR ACCIDENTS OR INCIDENTS WHICH MAY OCCUR TO THE PARTICIPANTS DURING LIBRARY PROGRAM EVENTS.**
- **I GIVE PERMISSION FOR THE USE OF PHOTOGRAPHS OR VIDEO WHICH MAY BE TAKEN DURING STORY PORT.**
- **I UNDERSTAND TREATS MAY OCCASIONALLY BE PROVIDED AND MY CHILD MAY PARTAKE OF THESE UNLESS I OTHERWISE ADVISE IN WRITING.**

X _____
EMERGENCY CONTACT NAME:

TELEPHONE

X _____
PARENT'S SIGNATURE

DATE