



# DREAM GARDEN, INC.

## Registration Form

(Please Check One):  After School  Summer Camp

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

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

Marital Status:  Single  Married  Separated  Divorced  Widowed

Spouse's Name (if applicable): \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Your Occupation: \_\_\_\_\_

Company's Name: \_\_\_\_\_

Spouse's Occupation (if applicable): \_\_\_\_\_ Work Phone: \_\_\_\_\_

Company's Name: \_\_\_\_\_

Pick up: The child will (Check One):  Walk home  Be Picked Up

### All person(s) with permission to pick up child (including parents):

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

### Emergency Contact (Person(s) to call if parents can't be reached):

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

Does the child have any allergies or other health considerations?  Yes  No

If yes, please specify here: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Is the Child Covered by Health Insurance?  Yes  No

Name of Health Care Provider: \_\_\_\_\_

**\*\*\*EMERGENCY MEDICAL CONSENT\*\*\***

In the event that my child listed on the back of this application may require medical and/or surgical care and I am unable to be reached, I hereby give consent to medical and/or surgical treatment to Childrens' Hospital Emergency Room to provide this care. I agree to pay all the costs authorized under this consent.

\_\_\_\_\_  
*Signature of Parent or Guardian*

**Please list all children who will be attending the program: (print additional pages as needed)**

1. Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Sex: \_\_\_\_\_ Name of Child's School: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_  
Child's clothing Size: Shirt: \_\_\_\_\_ Pants: \_\_\_\_\_ Shoe: \_\_\_\_\_  
Please list any medications that the child takes: \_\_\_\_\_  
Is there anything else we should know about this child? \_\_\_\_\_  
\_\_\_\_\_

2. Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Sex: \_\_\_\_\_ Name of Child's School: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_  
Child's clothing Size: Shirt: \_\_\_\_\_ Pants: \_\_\_\_\_ Shoe: \_\_\_\_\_  
Please list any medications that the child takes: \_\_\_\_\_  
Is there anything else we should know about this child? \_\_\_\_\_  
\_\_\_\_\_

3. Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Sex: \_\_\_\_\_ Name of Child's School: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_  
Child's clothing Size: Shirt: \_\_\_\_\_ Pants: \_\_\_\_\_ Shoe: \_\_\_\_\_  
Please list any medications that the child takes: \_\_\_\_\_  
Is there anything else we should know about this child? \_\_\_\_\_  
\_\_\_\_\_

4. Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Sex: \_\_\_\_\_ Name of Child's School: \_\_\_\_\_ Last Grade Completed: \_\_\_\_\_  
Child's clothing Size: Shirt: \_\_\_\_\_ Pants: \_\_\_\_\_ Shoe: \_\_\_\_\_  
Please list any medications that the child takes: \_\_\_\_\_  
Is there anything else we should know about this child? \_\_\_\_\_  
\_\_\_\_\_

**FEE PAYMENT AGREEMENT:**

I, \_\_\_\_\_ do agree to pay fees assessed by the  
( *Name of Parent or Guardian* )  
program, which is normally due on the first day of each week the child will attend.