

STONE HOUSE FARM SUMMER PROGRAM REGISTRATION

week:

- 1) Child's Full Name _____ Age _____
- 2) School _____ Grade _____ Date of birth: _____
- 3) Address _____
- 4) Name of Parent(s) _____
- 5) Home Phone _____ Cell Phone _____
- 6) Parents e-mail _____
- 7) Parent(s) location during day:

Parent Name: _____

Parent Name: _____

Where: _____

Where: _____

Telephone: _____

Telephone: _____

Instructions: _____

Instructions: _____

- 8) Emergency Contact (Person to be contacted in case of an emergency when parent cannot be reached.)

Name _____

Home Phone _____ Cell Phone _____

- 9) Pediatrician or source of health care _____

- 10) Medical Insurance Information

Subscriber's Name _____

Type of Insurance _____

Policy Number _____

- 11) Medical Emergency Treatment

I hereby give Candi Talley permission to administer basic first aid and/or CPR to my child _____ and/or to take my child _____, to a hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

Date

Parent Signature