

# Stone House Farm

## Arts and Crafts Program

### Registration Form

Week Attending: \_\_\_\_\_

1) Child's Full Name \_\_\_\_\_ Age \_\_\_\_\_

2) School \_\_\_\_\_ Grade (Fall) \_\_\_\_\_ 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: \_\_\_\_\_

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

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

12) Please list any allergies or special needs that we should know about your child.

13) Photographs of your children may be used for promotional purposes. Please sign below if you do NOT wish to have your child in any photographs. Parent Signature \_\_\_\_\_