

# SPRING BREAK REGISTRATION

Child's Name: \_\_\_\_\_ Birthdate (mm/dd/yy): \_\_\_\_\_ Sex: M F

Nickname or preferred Name: \_\_\_\_\_ Year of enrollment: \_\_\_\_\_

School attending this year: \_\_\_\_\_ Grade: \_\_\_\_\_

PARENT/GUARDIAN INFORMATION #1							
Name: _____				Relationship to child: _____			
Circle Applicable Description:		Married	Divorced	Partner	Separated	Single	Widowed
Address: _____							
City: _____		Zip: _____		Home Phone: _____			
Cell Phone: _____				Email: _____			
Work Phone: _____				Workplace: _____			

PARENT/GUARDIAN INFORMATION #2							
Name: _____				Relationship to child: _____			
Circle Applicable Description:		Married	Divorced	Partner	Separated	Single	Widowed
Address: _____							
City: _____		Zip: _____		Home Phone: _____			
Cell Phone: _____				Email: _____			
Work Phone: _____				Workplace: _____			

DAYS ATTENDING				
Please check the days you will be attending during the week				
Monday	Tuesday	Wednesday	Thursday	Friday

EMERGENCY CONTACT INFORMATION		
Name: _____		Home Phone: _____
Relationship: _____		Cell Phone: _____
		Work Phone: _____

Please note: *Only the people listed below (along with the parents listed above) will be granted permission to pick up your child. Please contact the registrar if this form needs to be updated at any time during the school year.*

AUTHORIZED PICK UP INFORMATION		
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____

### MEDICAL INFORMATION

Date of last physical: \_\_\_\_\_ Dental exam: \_\_\_\_\_ Vision exam: \_\_\_\_\_  
Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

### HEALTH INFORMATION

Please list any information to your child's health i.e., Allergies, medical concerns, or other special instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### OTHER INFORMATION

- The Firs has my permission to use photographs of my child for display/program purposes.
- ASA has permission to transport my child on field trips by walking or in a licensed van.
- In an emergency, after every effort is made to reach me, I give The Firs permission to seek medical attention for my child.
- I understand that tuition is due before the week of Spring Break Camp.
- I understand that I'm responsible for payment if I don't give 48 hours' notification of my child's absence from the Days they are attending.
- All of the information I have provided is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print and email the completed form to: [Hannah@thefirs.org](mailto:Hannah@thefirs.org)

OR... Mail to:  
**The Firs ASA**  
**4605 Cable St.**  
**Bellingham, WA 98229**