



Date(s) to Enroll \_\_\_\_\_

Childs Full Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Parents Name \_\_\_\_\_

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

Email \_\_\_\_\_

**IN CASE OF EMERGENCY CONTACT:**

Mother \_\_\_\_\_ Phone Number \_\_\_\_\_

Father \_\_\_\_\_ Phone Number \_\_\_\_\_

**If neither mother nor father (or guardian) can be contacted, call (please list relationship):**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Number \_\_\_\_\_

**If you cannot pick-up your child, please give the first and last names of the persons to whom the child can be released:**

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I agree to hold harmless HFFA in the case of any incident or accident. I hereby give permission for HFFA staff, or its designees to secure medical treatment for my child(ren) in the event of an emergency. I also authorize the Physician or medical personnel selected to provide treatment deemed necessary. I certify, to the best of my ability, that the accompanying information is correct and accurate.

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

Staff Initials \_\_\_\_\_