



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

Child's Full Name: \_\_\_\_\_ Birth Date \_\_\_ / \_\_\_ / \_\_\_\_

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

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

Email: \_\_\_\_\_

**IN CASE OF EMERGENCY CONTACT:**

Mother: \_\_\_\_\_ Phone: \_\_\_\_\_

Father: \_\_\_\_\_ Phone: \_\_\_\_\_

Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

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

*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 \_\_\_\_\_