

READ AND FEED SUMMER 2018 PROGRAM
SPONSORED BY FIRST PRESBYTERIAN CHURCH OF FENTON
AND ST. JUDE'S EPISCOPAL CHURCH OF FENTON

REGISTRATION FORM

Parents and legal guardians of minor children are asked to complete this Registration Form and return it to First Presbyterian Church by Friday, June 1, 2018. This form is designed to assist the Read and Feed Program in planning the program's daily activities.

GENERAL INFORMATION (Please type or print)

Child's Name _____ Date of Birth _____

Father's Name _____ Contact #/s _____

Email _____

Mother's Name _____ Contact #/s _____

Email _____

Parent/Guardian's Name (If different from above) _____

Contact #/s _____

Email _____

Child's Address _____

School and Grade Level in Fall 2018 _____

Sibling/s who are participating in this program _____

The Read and Feed Program would like to include independent reading books that are at each child's reading level. Please choose one of the following options:

_____ Yes, I give permission to Fenton Area Public Schools, Lake Fenton Schools, or St. John's School to share my child's reading level with the Read and Feed Program.

_____ No, I do not wish the Schools to share my child's reading level with the Read and Feed Program.

The Read and Feed Program would like to provide free food to take home each Thursday to those who are interested. Please indicate your interest in this portion of the program:

Yes, I am interested.

If yes, please indicate the number of children in your family as we will provide groceries for all children in the home.

No, I am not interested.

Please list any food allergies that your child may have. This will help us in our daily planning. _____

(Signature of Parent/Guardian)

(Date)

We are requesting that you return this form even if you choose not to participate in the program. This will help with future planning. I choose not to participate due to:

Schedule conflicts

Transportation problems

Other _____

READ AND FEED PROGRAM 2018

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PARENTAL CONSENT AND MEDICAL AUTHORIZATION

Parents and legal guardians of minor children are asked to complete this form, designed to assist the Read and Feed Program in providing for the safety of children involved in the program's daily activities.

GENERAL INFORMATION

Child's Name _____ Date of Birth _____

Father's Name _____ Mother's Name _____

Child's Address _____

Home phone _____ Work phone _____ Cell Phone _____

Family Doctor _____ Phone _____

Preferred Hospital or Urgent Care _____

Emergency Contact – please provide at least 2

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Pick-Up

Please provide the names of those people, including yourself, who have permission to pick up your child at 12:00 p.m. each day of the program.

CONSENT

I, being the parent or legal guardian of _____, the child named above, do hereby consent to the participation of my child in all of the Read and Feed Program's daily activities. These activities will include reading and games, music and movement, and reading related art projects.

Does your child have (or has ever had) any of the following? Please mark boxes that apply and explain below. If a nurse is needed to dispense medication, please note that also.

- | | | |
|---|---|---|
| <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Medication Allergies |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Heart Murmur |
| <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> *Dog Allergies | <input type="checkbox"/> **Physical Limitations |

Please explain:

*Specially trained and supervised dogs will be part of our reading activities

**This would be any physical limitation which would prevent him/her from participating in the program's normal activities.

MEDICAL TREATMENT AUTHORIZATION

I understand that I will be notified in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I understand the sponsors of the Read and Feed Program will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as parent/guardian. I agree to notify the sponsors of the Read and Feed Program in the event of any health change which would restrict my child's participation in the Read and Feed Program's daily activities.

Digital Signature of Parent/Guardian

Date

PHOTOGRAPH/VIDEO RELEASE

During the Read and Feed Program, photographs/videos may be taken for use in further promotions, program interpretation, or news releases. The local press may also ask to cover the program. Please choose one of the following options:

_____ Yes, I give my consent for photographs/videos of my child to be used in future promotions, program interpretation, or news releases.

_____ No, I do not give my consent for photographs/videos of my child to be used in future promotions, program interpretation, or news releases.

Signature of Parent/Guardian

Date

The processing of this information packet is important to the success of the program. Please return all information in this packet by Friday, June 1, 2018.