



**Nassan's Place in conjunction with Mt Carmel Guild Academy  
Saturday Inclusion Enrichment Program  
Registration Form  
May 18 –June 29, 2019**

Child Information: Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Age: \_\_\_\_\_ Grade \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ School \_\_\_\_\_ T-shirt \_\_\_\_\_

**Parent/Guardian Info:**

Parent/Guardian #1 Name: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Email address: \_\_\_\_\_  
\_\_\_\_\_  
Emergency Contact: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_

IDENTIFY ANY SPECIFIC MEDICAL, BEHAVIORAL OR DEVELOPMENTAL NEEDS OF YOUR CHILD.  
(Write "none" if none.)

Dietary modifications/allergies: \_\_\_\_\_  
Current medications: \_\_\_\_\_  
Chronic/recurring illness: \_\_\_\_\_  
Seizures: \_\_\_\_\_ Asthma: \_\_\_\_\_  
Other medical conditions: \_\_\_\_\_  
Physical disability: \_\_\_\_\_  
Behavioral/developmental disorder or diagnosis: \_\_\_\_\_  
List any activities from which your child should be exempted for health reasons:  
\_\_\_\_\_  
\_\_\_\_\_

About your child: Language: Easy to understand \_\_\_\_\_ Follows directions \_\_\_\_\_ Conversational  
\_\_\_\_\_ Interests: Favorite activities/topics: \_\_\_\_\_  
Temperament: Manages frustration okay \_\_\_\_\_  
Aggression \_\_\_\_\_ May run away \_\_\_\_\_ Gets along with others \_\_\_\_\_  
Handles transition/changes \_\_\_\_\_  
Self-help skills: Independent self-care? \_\_\_\_\_  
What else should I know about your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Insurance:** It is the responsibility of every individual, their parent or legal guardian, to provide for their own accident and health coverage while participating in all Nassan's Place activities.

Please complete in case of emergency:

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## AUTHORIZATIONS

**Participation:** I give permission for my child to participate in all activities of Nassan's Place "6 Week Saturday Inclusion Enrichment Program".

**Video/Pictures:** I hereby give consent and authorize the release, publication, dissemination, distribution, use and or reproduction of any and all photographs/videos taken of my son/daughter during the "6 Week Saturday Inclusion Enrichment Program" by a volunteer(s), employees, agent, or representative of Nassan's Place, Inc.

The photographs/videos will be used on any of the following:

Website, Brochures, Newspaper Releases and Videos.

This Release and Authorization acknowledges that all photographs, negatives, positives, prints and video shall constitute the property of Nassan's Place, Inc and may be used by Nassan's Place, Inc without any compensation or further notice to me.

**Medical Treatment:** I hereby give permission for my child to be given cardiopulmonary resuscitation (CPR) and first aid treatment by program facilitators. In the event I cannot be contacted, I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

**Release from Liability:** Recognizing that Nassan's Place will do its best to ensure a safe experience, I understand that accidents may occur from my child's participation in program activities. I agree to assume these risks. By signing below, I release Nassan's Place, its employees, volunteers, independent contractors, directors and agents from all liability based on any damage, loss or injury whether it is the result of ordinary negligence or otherwise, caused to my child or to me from participation in Nassan's Place activities.

### Payment:

\$40 per Saturday for 6 weeks plus \$20 registration fee equals \$260.00.

\$60 due first day of program which includes \$20 registration fee and \$40 is due at the beginning of each session unless other arrangements are made with Executive Director.

Payment can be made by cash, check, or money order.

Please note: If child will not be attending program you must notify within 48 hours before scheduled Saturday or you will be responsible for payment. (Emergency situations will be handled on case by case basis and at the discretion of the Executive Director).

I have read and understand the above and have completed this form to the best of my ability.

Signature of parent or legal guardian:

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

The following information is required for your child to be released to anyone other than you.

List all persons, (other than both parents/guardians) authorized to pick up child:

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Relationship to Child \_\_\_\_\_