

**BOLD COMMUNITY EDUCATION SUMMER PRESCHOOL REGISTRATION**

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent(s) \_\_\_\_\_ Address \_\_\_\_\_

Home Ph # \_\_\_\_\_ Cell Ph # \_\_\_\_\_ Work Ph # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

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Allergies/Health Concerns \_\_\_\_\_

Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Physician Address \_\_\_\_\_

**Emergency Contact(s):**

1) \_\_\_\_\_ Phone # \_\_\_\_\_

2) \_\_\_\_\_ Phone # \_\_\_\_\_

Does your child qualify for priority placements?    YES / NO

**MEDICAL RELEASE**

In case of an accident, I hereby give my permission to the BOLD Summer program staff to administer emergency care and first aid or transport my son/daughter to the RC Hospital & Clinics, in the event I cannot be reached by telephone.

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

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**SUPERVISION OF CHILDREN (K-6 Activities)**

Community Education staff are not responsible to supervise children between class sessions due to preparing for the next class. Please use parental discretion when leaving your child at summer recreation unattended and make arrangements for your child if needed.

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

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**NON-REFUNDABLE FEES**

I understand that if my child does not abide by the rules and regulations of the Summer Recreation program that he/she will be removed from the program at the discretion of the instructor and director. I am also aware that if no one listed on the card index can be contacted in the case of an emergency, my child will be taken to RC Hospital & Clinics in Olivia for examination if the extent of the injury warrants such action. I waive and release the BOLD Community Education and BOLD Schools, and all summer staff, from any liability if any injury occurs with my child.

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