



ASTORIA PARKS & RECREATION CHILD CARE PROGRAMS REGISTRATION FORM

Student's Preferred Name: _____

Student's Address: _____

Age: _____ Date of Birth: _____ / _____ / _____ Gender: M F Other: _____

Grade: _____ School: Astor Lewis & Clark Other: _____

Primary Language: _____ Other forms of communication: _____

T-Shirt Size:	Youth Small	Youth Medium	Youth Large	Adult Small	Adult Medium
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FAMILY INFORMATION

Primary:

Parent/Caregiver Name: _____

Mailing Address: _____

Home Phone: _____ Mobile: _____ Work: _____

Email: _____

Employer: _____

Employer Address: _____

Secondary:

Parent/Caregiver Name: _____

Mailing Address: _____

Home Phone: _____ Mobile: _____ Work: _____

Email: _____

Employer: _____

Employer Address: _____

Is there a No-Contact order in effect for your child? Yes: _____ No: _____

** Our office must have a current copy of the order to enforce it.

EMERGENCY CONTACT & AUTHORIZED SIGN-OUT INFORMATION

Please list the names of individuals who may pick up your child(ren) from the program, in addition to above-listed parents/guardians. Please also indicate the order of contact, in case of an emergency, if the above parents/guardians can't be reached.

Order of contact:	Name	Phone	Relationship:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MEDICAL INFORMATION

Student's Legal Name: _____

Student's Medical Provider: _____

Medical Provider Address: _____

Medical Provider Phone: _____

List Child's Past Medical Conditions: _____

Does your child have any activity restrictions? _____

Does your child have any current conditions we should be aware of? Does your child have an IEP or accommodations at school? Please explain.

Please list all prescribed and OTC medications taken and why:

Medication:	Reason:
_____	_____
_____	_____

Please list all allergies, reactions and treatment. Any accommodation requests, including diet, must be accompanied with a doctor's note:

Allergy:	Severity / Reaction:	Treatment:
_____	_____	_____
_____	_____	_____

Getting to know your child

This information helps our staff provide the best care for your child.

HEALTH AND MEDICAL INFORMATION - Please check all that apply

- Asthma/Respiratory Condition
- Unusual Bleeding
- Hearing Impaired/Deaf
- Diabetic
- Seasonal Allergy (Reaction: _____)
- Neurodivergent
- Medication Allergies: (Reaction: _____)
- Developmentally Delayed
- Food Allergies (Foods allergic to: _____)
- Seizures (Type & Frequency: _____)
- Disability Requiring Accommodation: Please Explain: _____

- Medication will need to be administered to your child during their time at our facility.*

*Medication should be given outside of care, if possible, and also should not mask any symptoms that would otherwise exclude child from participation at camp. See Illness Policy for list of illnesses and symptoms that are cause of program exclusion.

- Other: Please list any other concerns or conditions that would be helpful for our staff to know: _____

CHILD'S BEHAVIOR

When your child gets frustrated or upset, how do they typically display this anger?

- Isolates from the Group
- Yells
- Becomes Sullen
- Hits/reacts physically
- Other _____

What is the best way to calm your child? _____

Is there any other information that would be helpful for us to know in order for your child to have a successful experience? _____

Does your child have any special interests or hobbies?

MEDIA RELEASE

During program activities, Astoria Parks and Recreation Department staff members may take photographs or videos of the participant for the use of media for Astoria Parks and Recreation. Participation in this program acknowledges and agrees to allow the Astoria Parks and Recreation Department permission to utilize photographs and videos for media purposes.

With registration, PG movies will be shown.

Parent/Guardian Name

Signature

Date