



**Summer Program Registration  
2023**

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

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

**Preferred email address:** \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Physical, emotional, or medical needs of the child (including allergies):**  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contacts other than Parent/Guardian:**

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Persons authorized to pick up my child at Little Blessings:**

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

*In the event of an illness or accident which requires emergency medical treatment at a time when a parent cannot be reached, I give permission for the director, or other preschool personnel designated by the director, to authorize such treatment. This is done with the understanding that every attempt will have been made to contact the parents, the child's physician, or other persons listed for emergency contact. I authorize my child's teacher to apply the sunscreen that I have provided.*

**Signature of parent/guardian:**

\_\_\_\_\_ **Date** \_\_\_\_\_