

FAD PAD REGISTRATION FORM

Please fill out the following:

Classes/Camps you are signed up for:

Child's Name

Child's Birth date and Age

Child's School

Child's allergies/food restrictions

Month & Year of Covid vaccination(s)

Parent(s) Name(s)

Address: City, State, Zip

Home Phone

Cell phone

Work phone

Email

Below is a list of persons and their phone numbers who may pick up my child and assume responsibility in case of illness or emergency. Please include their phone numbers.

1.

2.

3.

MEDICAL INFORMATION

Pediatrician

Phone

Group Health Insurance

Plan

Member#

If your child has any learning challenges, please explain them and any ways we can make things go well for them.

Is there anything else you would like us to know about your child?