

Project MOST

(Making the MOST of OUT of School Time)

Registration Form

JMMES

Springs School

Child's Name: _____

*Mailing Address: _____

Town: _____ Zip: _____

Home Telephone: _____ Cell: _____

E-mail: _____

Child's Date of Birth: _____ Child's Gender: Female Male

Child's Birthplace: _____

Child's Grade Level for September: (circle) K, 1, 2, 3, 4

Employment

Mother/Guardian's Name: _____

Place of Employment: _____

Employer's Name: _____

Employer's Phone Number: _____

Father/Guardian's Name: _____

Place of Employment: _____

Employer's Name: _____

Employer's Phone Number: _____

Emergency Contact/ Pick Up Authorization

	Name	Relationship	Phone #'s
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____



Medical Information (all information will be kept strictly confidential)

1. Does your child have a medical condition that the Staff of Project MOST need to be aware of? (circle) **YES** **NO**

If YES, please explain: _____

2. Project MOST is **not authorized** to administer medication. Does your child take any medication that we need to be aware of? **YES** **NO**

If YES, please explain: _____

3. Are there any **ALLERGIES** we need to be aware of or any diseases that may be an issue while your child is in our care? **YES** **NO**

If YES, please explain: _____

Parent Permission for Services:

1. I grant permission for my child to use all equipment and participate in all activities at Project MOST (Karate, Yoga, Dance, Art, Field Trips, cooking).
2. I grant permission for my child to attend swimming lessons at the YMCA (East Hampton Town Rec. Center).
3. I grant permission for my child to leave the school premises under adequate supervision by staff for offsite trips, outside play and recreation activities. I understand these activities may be taken at any time without further consent from me.
4. I grant permission for my child to be included in photographs or videos used in Project MOST.

Parent/Guardian's Signature: _____

Date: _____