



Family Resource Center

Summer Emergency Contact Information Form

Please Print Clearly

Child's Name: _____ M ___ F ___ Age
First Name Last Name

Parent/Guardian Name: _____

Home or Mailing Address: _____
Mailing Address City Zip Code

Home Telephone: _____ Cell/Beeper: _____

Emergency Contact Name: _____ Phone: _____

Father's Work Phone _____ Mother's Work Phone _____

Fall School: _____ Grade will be attending in August _____

Physician's Name: _____ Phone: _____

Does your child have any allergies or medical conditions that need attention? ___ Yes ___ No

List all allergies: _____

List medical conditions: _____

My signature below indicates that my child and I will abide by the following guidelines:

Please read carefully

- Youth/Children/Teens dropped off for a workshop or class will be picked up immediately after the class is completed.
- Programs are free and no cost to you. What we do need from you is this signed registration form to enroll your child and a commitment that your child will attend the course he/she is registered for. Any students consecutively "no-showing" to classes or events will not be registered for future classes.
- Please complete this registration form and return it to the Family Resource Center. We must have it on file before a child can take a course or be dropped-off for an event.

In the event of an emergency, I authorize the Center staff to arrange for any necessary medical care for my child.

Parent/Guardian Name: _____
Print Name

Signature: _____ Date: _____

Photo Release

I, _____, the parent or legal guardian of _____, authorize the use of my son or daughter's photo or likeness of, for the purpose of informing the community about FUSD schools and programs. I understand that at no time will such photos be used for profit making venture.

Signature: _____ Date: _____