

**SUMMER CELEBRATION
NURSERY & PRESCHOOL REGISTRATION**

July 20-23, 2014

PERSONAL INFORMATION

Name (Last) _____ (First) _____ Age _____
Address _____ City _____ State _____ Zip _____
Home Church _____ Name of Parent/Guardian _____
Parent's Contact Phone # (day) _____ (evening) _____
Emergency Contact Person & Phone # _____ (not parent's phone)
We are staying at: Home WPC (Apt. # _____) Other _____

MEDICAL INFORMATION

Any allergies? No _____ Yes _____ If yes, please list: _____
Reaction: _____
Health Insurance Carrier: _____ ID # _____ Group # _____
Name of Physician: _____ Physician's Phone # _____

We encourage you to pre-register, if possible, by July 1, 2014 to help us in our preparations. Please send to: Pastor Julie Jackson, Holladay Park Church of God, 2120 NE Tillamook Street, Portland, OR 97212-4698 or scan card, attach to an e-mail and send to: juliemariejackson@comcast.net

SPECIAL NEEDS INFORMATION

In order to best serve our special needs children, we are asking that you fully disclose any conditions that require additional supervision and/or care so that we can work with you to make this time of celebration an enjoyable experience for everyone. If deemed necessary by the program director, please provide one-on-one assistance for your special needs child. Please describe the special need your child has: _____

RELEASE INFORMATION

I hereby give my permission for _____ to attend and participate in the Summer Celebration Nursery & Preschool Program. I give my permission for emergency medical attention to be given to my child in case of injury, illness or accident. I understand that I will be contacted as soon as possible. I hereby agree to hold harmless and waive liability of the Association as a result of injury, illness or accident.

Parent/Guardian Signature _____ Date _____