



**Psalms Books, Inc.**  
**Summer Activity Program**  
 Registration Date \_\_\_/\_\_\_/\_\_\_

Child's Name \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_ (Nickname)  
 Age (as of Start Date) \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Sex: Male Female  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Child lives with \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Employer's Name \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Pager \_\_\_\_\_  
 Work Phone \_\_\_\_\_ Employer's Name \_\_\_\_\_  
 Parent/Guardian's e-mail (to receive program information) \_\_\_\_\_

**Emergency Contacts/Authorized Pickups**

Persons to speak with on behalf of the parents in their absence/persons the child may be released to. If a person may pick the child up but should not be used as an emergency contact please specify. Persons picking up children must show a valid photo I.D.

Name	Relationship to Child	Phone (work & cell, other)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Persons **FORBIDDEN** to pick up child (if natural parent is listed, court documentation must be provided.)

\_\_\_\_\_

**Medical Information**

Is your child on medication? Yes No (Please list) \_\_\_\_\_

(If child will be taking medication at the facility an authorization for Administering Medication form must be filled out)

Does your child have any physical or mental limitations that may affect group participation? Yes No  
 (If yes, please explain on a Special Needs Form)

Does your child have any allergies? Yes NO (please list) \_\_\_\_\_

The following statement must be individually signed to allow child to participate in the following activities.

<b>I give my child permission to participate in:</b>	<b>Circle One</b>		<b>Parent's Signature</b>	<b>Date</b>
Activities onsite and away from the facility:	Yes	No		
Transportation Provided by the facility:	Yes	No		
Swimming activities provided by the facility	Yes	No		
My child's immunization form is on file at school (If NO, one must be provided to Psalms Books, Inc.	Yes	No		

**Summer Activity Program Payment information**

Summer activity Program fees are \$75 per week.

**Please read the following information very carefully and sign on the bottom.**

**Transportation statement:**

I authorize Psalms Books, Inc. to transport my child to and from field trips. I understand that DHR does not regulate field trip activities. Psalms Books, Inc. assumes full responsibility for such activities. Also, if I cannot be reached in the event of an emergency I hereby grant permission to the physician or facility selected by Psalms Books, Inc. to secure proper treatment including but not limited to injections, anesthesia or surgery for my child as named above.

**Photo Release**

I hereby give Psalms Books, Inc. permission to use my child/children's picture in photographs, films, and/or any other media used to promote Psalms Books or Psalms Books programs.

**Emergency Authorization**

I give permission to Psalms Books to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred.

*By signing this form I am agreeing to the policies listed above. Furthermore, I have read the pamphlet for Psalms Books and understand the rules, guidelines, and regulations regarding, but not limited to: discipline, payments and refunds, lost and found, illnesses, lunch policies, etc...*

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)