



Children's Program Registration Form 2019-2020

Child's Name: _____ Age: _____ Grade: _____

School: _____ Address: _____

Physical/Intellectual/Social/Emotional Identifications (ie. Anxiety, Learning/Physical Disability, Allergies, etc.):

How can we best support your child in having an inclusive and enjoyable experience in program:

Parent/Guardian Name(s): _____

Phone (Home/ Cell): _____ Phone (Work): _____

Email: _____ Do you consent to receiving emails from PGNG? Yes No

An emergency contact must be someone living in a different household as the child listed above & must have a different contact number than those listed above.

Emergency Contact: _____ Phone: _____

Registering for:

Get Moving Monday's

Brain Fit

Lab Rats

Kids' Craft Night

Permissions: My child's photo can be taken: Yes No **Photos may be used on the website or social media*

My child is allowed to sign themselves out: Yes No I understand there will be a \$5.00 fee for late pick-up: Yes No

Other than listed parent(s)/guardian(s), who is authorized to pick up your child: _____

Signature: _____ Date: _____