



Easter Seals Respite Services Registration Form

Parent/Caregiver Name: _____

Street Address: _____ Apt: _____

City: _____ State: _____ Zip: _____

Phones: Home: _____ Cell: _____

E-mail Address: _____

Please complete this information about your child(ren) who will be attending the in-center event.

Child's First Name: _____ **Last Name:** _____ **Nickname:** _____

Gender: Male Female **Birthday:** _____

Child's Allergies: _____

Child's Medications: _____

Does your child have any behavioral problems that we should know about? How should we best deal with these concerns?

My child enjoys the following activities:

Child's First Name: _____ **Last Name:** _____ **Nickname:** _____

Gender: Male Female **Birthday:** _____

Child's Allergies: _____

Child's Medications: _____

Does your child have any behavioral problems that we should know about? How should we best deal with these concerns?

My child enjoys the following activities:

EMERGENCY INFORMATION

Parent/Caregiver Name: _____

Child name(s): _____

Cell: _____

Please provide us with at least one emergency contact person.

First Name: _____ Last Name: _____

Relation: _____

Phones: home _____ cell _____ alternate _____

Street Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Child's Primary Physician

First Name: _____ Last Name: _____

Phone: _____

Street Address: _____ Suite # _____

City: _____ State: _____ Zip: _____