



ROCK HOUSE KIDS REGISTRATION FORM (1st-5th Grade)

For office use only:

- Added to Check-in
- Added to Master Lists
- Added to Current Year
- New Sign-up
- Updated Info Only

Thank you for bringing your child to Rock House Kids. It is important that we have a record of your child's name, address, and age in order to properly prepare age-appropriate activities. Please sign and return this completed form as soon as possible.

Our number one rule is: **NO FIGHTING OR THREATENING TO FIGHT!**

This rule is necessary to maintain a safe environment for all kids while attending Rock House Kids programs and events. If your child is asked to leave because of fighting, we will contact you to make arrangements for you to pick up your child, or let you know he/she is dismissed for that evening and should be returning home.

Be aware that the inside and outside of Rock House Kids facility is equipped with video and sound recording devices. Information obtained through surveillance will be used exclusively for security and law enforcement purposes, relating to the protection of students, staff, volunteers and the public, and the deterrence or detection of criminal activity including theft, vandalism, or other property damage.

USE ONE FORM PER CHILD

BOY **GIRL** **GRADE** _____

Please print clearly.

AGE _____ **BIRTHDATE** ____/____/____

Today's date: _____

School: _____

Child's full name: _____ **Phone:** _____

Address, City, & Zip code: _____

IMPORTANT! If your child is vomiting, has a fever, open sores, a visible rash, pink eye, or is experiencing an active allergy, he/she **WILL NOT** be allowed at Rock House Kids. We do not dispense medicines. If your child is sick, you will be called and your child will be sent home immediately. No exceptions. We will not jeopardize the health of other kids attending Rock House Kids. **Please write N/A if they do not have allergies and/or medical conditions.**

List any allergies: _____

List any medical conditions: _____

PHOTO RELEASE

We request permission to take pictures/video of your child for the purpose of promotional materials, educational activities, exhibitions and marketing, or for any other use for the benefit of the program.

YES, you may photograph my child. **NO**, I do not want my child photographed.

Parent/Guardian Name: _____ **Phone** _____

Parent/Guardian Signature: _____

Alternate Contact Person: _____ **Alternate phone:** _____

If we can't get ahold of you, we will call your alternate contact person.