☐ I need to talk about financial assistance.

Dream Center Summer Zoom 2019 Registration Form
Monday – Friday | 9:00am – 4:30pm
Due By Friday, May 3rd

Student Information: Please Print

Child's Name: _____ Date of Birth: _____ Gender: **M** **F**

Siblings: _____

Address: _____ City: _____

State: _____ Zip: _____ Parent Phone Number: _____

School Child Attends: _____ Grade Entering Fall: _____

Does your child attend the Dream Center during the school year? **Y** **N** T-shirt Size: **XS** **S** **M** **L** **XL**

*Will your child need extended care from 8:00am – 9:00am **Y** **N** and/or 4:30pm – 5:00pm? **Y** **N***

Parent Information:

Name: _____ Relationship to Child: _____

Cell Phone: _____ Work phone: _____

Emergency Contact: _____ Relationship to Child: _____

Cell Phone: _____ Work phone: _____

Authorized Pickup List:

1. Name: _____ Relationship to Child: _____

2. Name: _____ Relationship to Child: _____

3. Name: _____ Relationship to Child: _____

Health Information:

Doctor: _____ Phone Number: _____

List ALL health restrictions or concerns (i.e. any allergies, injuries, asthma): _____

_____

List ALL medications and times they need to be taken (please send medications in original containers): _____

_____

PARENTAL CONSENT	
I authorize all medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency. I give permission for my child to participate in field trips associated with the Dream Center. I release Dream Center Evansville and all individuals from liability in case of accident during activities related to the Dream Center. I give permission to have pictures or likeness of my child featured in Dream Center advertising, brochures, and publicity shots. **Payment is $100 per child, up to three**. A deposit of $20 per child is due by *Friday, May 3rd* (this payment will be applied to your total payment). Payments must be made in full by *Friday, May 24th*. Late payments may result in a loss of enrollment. If you are interested in financial assistance please contact trout@dreamcenterevansville.org.	
PARENT'S /GUARDIAN'S SIGNATURE:	**DATE:**