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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| GIRLS OF ESSENCEChild Registration/Contact Information Form | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | |  |  | | | | | M | F |
| Child’s Name | | |  | Date of Birth Age | | | | | Sex | |
|  | | |  |  | | | | | | |
| Parent’s/Guardian’s Name | | |  | Parent’s/Guardian’s Name | | | | | | |
|  |  |  |  |  | | |  |  | | |
| Home Phone |  | Work Phone |  | Home Phone | | |  | Work Phone | | |
|  | | |  |  | | | | | | |
| Address | | |  | Address | | | | | | |
|  | | |  |  | | | | | | |
| City, ST ZIP Code  School currently attending | | |  | City, ST ZIP Code  What do you wish to get out of being a part of this program?ow | | | | | | |
|  | | |  |  | | | | | | |
| Emergency Contacts | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | |  |  | | | | | | |
| Primary Emergency Contact | | |  | Secondary Emergency Contact | | | | | | |
|  |  |  |  |  | | |  |  | | |
| Home Phone |  | Work Phone |  | Home Phone | | |  | Work Phone | | |
|  | | |  |  | | | | | | |
| Address | | |  | Address | | | | | | |
|  | | |  |  | | | | | | |
| City, ST ZIP Code | | |  | City, ST ZIP Code | | | | | | |
|  | | |  |  | | | | | | |
| Medical Information | | | | | | | | | | |
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|  | | | | | | | | | | |
| Allergies/Special Health Considerations | | | | | | | | | | |
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|  | | | | | | | | | | |
| **I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN THE ‘GIRLS OF ESSENCE’ PROGRAM** \_\_\_\_\_\_\_\_\_  I DO “NOT” GIVE PERMISSION FOR MY CHILD TO PARTICIPATE IN THE “GIRLS OF ESSENCE’ PROGRAM \_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
|  | | | | |  |  | | | | |
| Parent’s/Guardian’s Signature | | | | |  | Date | | | | |