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| GIRLS OF ESSENCE Child 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 CodeSchool 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 |
|  |
|  |
| Allergies/Special Health Considerations |
|  |
|  |
| **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 |