

REGISTRATION FORM

PLEASE PRINT CLEARLY AND COMPLETE ALL SECTIONS

Childs Last Name \_\_\_\_\_ First Name \_\_\_\_\_

DOB \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Parents Name \_\_\_\_\_ Parents Name \_\_\_\_\_

Location during Program \_\_\_\_\_ Location during Program \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Primary Phone # \_\_\_\_\_

Alternate Phone # \_\_\_\_\_ Alternate Phone # \_\_\_\_\_

MY CHILD MAY BE DISMISSED TO EITHER PARENT: YES NO

**If "NO" legal documents must be on file with CMS to release my child.**

**The following adults have been designated to pick-up my child if I am unable to do so.**

Name \_\_\_\_\_ Phone # during Program \_\_\_\_\_

Name \_\_\_\_\_ Phone # during Program \_\_\_\_\_

Name \_\_\_\_\_ Phone # during Program \_\_\_\_\_

**Notice must be provided in advance if they are to pick up your child and they must have ID in order for us to release your child to them.**

If necessary, is permission granted to CMS for your child to be taken to the nearest hospital?

YES NO

Do you carry family medical/hospital insurance? Please provide Carrier Name and Policy/Group #

\_\_\_\_\_

Is your child currently on any medications? If Yes, Please list Diagnosis and Medication. Medication form is required to be filled out if YES.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Does your child have any conditions we need to be aware of? If Yes, Please List

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any allergies? If Yes, Please List

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pediatrician Name \_\_\_\_\_ Phone \_\_\_\_\_

In case of an emergency contact the following people in the order listed. They may also pick up my child in the case of an emergency and give permission for treatment. They should be no more than 20 minutes away from Plymouth

1. Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Relationship \_\_\_\_\_

3. Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Relationship \_\_\_\_\_

**They must present ID to pick up your child or for us to release your child to them.**

### **Authorization for Medical Emergency Treatment**

I understand that every effort will be made to contact me in case of an emergency requiring medical attention for my child. (Childs Name)\_\_\_\_\_ However, if I cannot be reached, I hereby authorize CMS to arrange transportation to the nearest hospital and secure the necessary medical treatment. I also understand that some of the program staff are trained in the basics of First Aid and I authorize them to treat my child when appropriate.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Special Instructions or Notifications:



# CHILDREN Making Strides

"Dedicated to helping each child  
reach their full potential..."

4 Barlow's Landing Road, Suite 13 - Pocasset, MA 02559  
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## Children Making Strides 2016 Service Calendar

The following dates are the holidays/days off that will be observed by Children Making Strides during the year 2016. Service will not be provided on these days and the Center will be closed.

**January 1<sup>st</sup> (Friday) – New Year's Day**

**May 30<sup>th</sup> (Monday) – Memorial Day**

**July 4<sup>th</sup> (Monday) – Independence Day**

**September 5<sup>th</sup> (Monday) – Labor Day**

**November 24<sup>th</sup> & 25<sup>th</sup> (Thursday & Friday) – Thanksgiving**

**December 26<sup>th</sup> (Monday) – Christmas (observed)**

At this time of publication of this calendar, hours for the Center Program for Christmas Vacation have not yet been decided. The Center may be closed for some of the days during Christmas Break and information about the Center Christmas Schedule will be available during the Fall of 2016.

**Please note:** There may be additional days when staff will be attending conferences and other programs. You will be notified of any changes to the Center's schedule at least two weeks in advance of the change.