DPR Registration Form

Program: _____ **Site:** _____

Participant Information

Name: _____ Date of Birth: _____

Address: _____

School: _____ Grade: _____

Contact Information

Parent/Guardian Name: _____

Phone (home): _____ Phone (cell): _____ Phone (work): _____

Email: _____

Parent/Guardian Name: _____

Phone (home): _____ Phone (cell): _____ Phone (work): _____

Email: _____

Emergency Contact Name: _____

Relationship to child:_____ Phone: _____

Emergency Contact Name: _____

Relationship to child:_____ Phone: _____

Pick-up Information -Please check all options that apply:

☐ My child may be picked up by me and any of the following people listed below:

Name: _____ Relationship: _____ Age: ____

Name: _____ Relationship: _____ Age: ____

☐ My child may walk home alone upon dismissal or at the following time: _____ am/pm*

Children must be at least 12 years old to walk home alone.

Medical Information

My child has the following allergies: _____

Does your child have asthma? Yes ____ No ____

If so, how is it treated?* _____

Please list any other pertinent medical conditions:

Does your child have up-to-date immunizations? Yes _____ No _____

**Please review DPR's Parent Guidebook regarding our policy on administering medication policy. DPR does NOT administer medication.*

Parent/Guardian Signature: _____ Date: _____