



Registration Form 2011-2012

I. Child information

Child's First Name	Child's Last Name	DOB (mm/dd/yy)	Gender
Home Address: Street		City/State	Zip

II. Parent Information

Father's First Name	Father's Last Name	Occupation
Home Phone	Cell Phone	Email
Mother's First Name	Mother's Last Name	Occupation
Work Phone	Cell Phone	Email
People authorized to pick-up my child		

III. Program and Days

Select a program and the days

Days	Monthly Rates	Circle days
1 day	\$205	M T W T F
2 days	\$390	M T W T F
3 days	\$590	M T W T F
4 days	\$790	M T W T F
5 days	\$990	

IV. Health and Insurance

First Aid & Emergency Authorization & Consent			
<p>In the absence of an authorized parent or guardian, Fein Academy has my authority to transport my child to the nearest hospital and to secure for my child all necessary medical treatment, including anesthesia. I understand that the health supervisor in Fein Academy is trained in the basic of First Aid and CPR and I authorize him/her to administer medication, first aid, and any other medical treatment deemed necessary to my child when appropriate.</p>			
Child's Physician Name	Physician Phone	Health condition to be aware of	
Health Insurance	Policy Number		
Emergency Contacts	Phone	Emergency Contacts	Phone
<p><input type="checkbox"/> I give Fein Academy permission to take pictures of my child. This pictures may be used in the future public relations materials. <input type="checkbox"/> I give my child permission to participate in Fein Academy trips and excursions.</p>			
Parent / Guardian Signature			Date