

**Parent/Child Center
Early Childhood Dual Language Program
Fall Session Registration 2018**

Date of Registration: _____

Children's Names and Birthdates (list oldest first)

Family's Last Name

Name

DOB

Parent 1 Name

Name

DOB

Parent 2 Name

Name

DOB

Caregiver Permission on File

Name

DOB

Street Address

Mother's Occupation (current/past)

City

Zip

Father's Occupation (current/past)

County

Township

Household Type (circle one):

Home Phone

Cell Phone

Two-Parent

Single Parent – F

Single Parent – M

Single Person

Other

E-Mail Address

Number in Household: _____

Emergency Contact Name

Relationship

Emergency Phone #

Do you or your child(ren) have:

1) A medical or other condition that we should know about? Yes No (please describe)

2) An allergy we should know about? Yes No (please describe)

Release of Liability for Minors (required): I hereby expressly forever waive, release and discharge Family Focus and their representatives from all such liabilities, claims, demands, injuries, damages, rights of action or cause of action, whether the same be known or unknown anticipated or unanticipated.

Parent Signature and Date

Photo and Video Policy: Photos and video footage are periodically taken of participants during classes or special events. Please be aware that, by signing this waiver, you are authorizing Family Focus to use photos/video in publications and on the website without your further permission. All photos are property of Family Focus.

Parent Signature and Date

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Tuesday class only (9/18/18 – 12/18/18): \$200.00
Thursday class only (9/13/18 – 12/20/18): \$225.00
Tuesdays and Thursdays (9/13/18 – 12/20/18): \$400.00

Scholarship information requested:

No classes will be held on: 11/20/18 or 11/22/18

The winter session will begin on: 1/8/19

Payment Information:

Check VISA MasterCard Discover American Express Cash

Please make checks payable to: Family Focus Highland Park

Cardholder Name: (please print) _____

Card Number : _____ Expiration Date: _____

Cardholder Signature: _____