Child Care Registration Form

This facility and its programs are not licensed or regulated by DCFS

PARTICIPANT'S INFORMATION			
NAME:		**MEMBER ID # (required):**	
DATE OF BIRTH:	**AGE:**	**GENDER:**	**GRADE:**
ADDRESS:		**CITY:**	**STATE:**
EMAIL:		**PHONE NUMBER:**	
SHIRT SIZE: YXS YS YM YL AS AM AL		**SCHOOL OR ORGANIZATION:**	
ALLERGIES:			
MEDICATIONS/OTHER NECESSARY INFORMATION:			
DO THEY KNOW HOW TO SWIM? YES NO			

PARENT/GUARDIAN'S INFORMATION
NAME:
ALTERNATE PERSON ALLOWED TO PICK-UP PARTICIPANT:
ALTERNATE PHONE NUMBER:
ADDITIONAL ALTERNATES (IF APPLICABLE):
ALTERNATE PHONE NUMBER (IF APPLICABLE):
ADDITIONAL ALTERNATES (IF APPLICABLE):
ALTERNATE PHONE NUMBER (IF APPLICABLE):

PROGRAMMING

Please check one:

□ Summer Camp □ Spring Break Camp □ Holiday Camp □ After School Program

Liability – I recognize that participation in The HUB's activities or programs may expose me to some risk of injury, illness or death. I assume all liability and agree to hold The HUB harmless from any claims for damage to any property or injury to persons which may occur through participation in any activity or program at The HUB. Code of Conduct – The HUB prohibits inappropriate behavior and conduct. This includes, but is not limited to, profanity or abusive language or attire, smoking, use of alcohol or drugs, the removal of HUB property and criminal conduct of any type. Such inappropriate behavior or conducts is unacceptable and The HUB consequently retains the right to deny membership to its applicants and to revoke a membership of any current member or participant at its sole discretion. Photo/Talent Release – I hereby irrevocably release, consent and allow The HUB and its agent to use my photograph/likeness/voice as it pertains to my participation with The HUB, in any manner for promotional efforts without exception for any reimbursement in connection with its use.

I acknowledge by signing and dating below that I have read the waiver and all program information above.

PARENT/GUARDIAN HANDBOOK RECEIVED (Please Initial): _____ STAFF INITIALS: _____

PARTICIPANT OR PARENT/GUARDIAN SIGNATURE: _____ DATE:_____

FOR OFFICE USE ONLY:

Membership Verified: _____ Today's Date: _____

Payment Method: □ Cash □ Check Number _____ □ Credit/Debit Card

Staff Initials: _____