**Corrales International School PTA**

**Permaculture Club Registration**

**Childs’s Last Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_, First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Middle\_\_\_\_\_\_\_\_\_

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_\_ Entering Grade: \_\_\_\_\_\_\_\_\_\_

Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_

**Best Email** to receive communication and Invoice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Main person picking up daily:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorized Pick- Up**

Children are not allowed to leave the facility without being escorted by a parent or adult person authorized by the enrolling parent. Under no circumstances will Permaculture staff release a child to anyone not listed on the registration form without specific written authorization from the parent/guardian who enrolled the child. It is the responsibility of the enrolling parent to provide written legal documentation if a child is to be release to a non-custodial parent or other individual. Initial \_\_\_\_\_\_\_\_

Please list any other authorized adult persons who may pick up your child (ren) from the Passport to Summer Program. Who have not already been listed:

Name/Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_

Name/Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_

Name/Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: (\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact** (Name/Relationship): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: (\_\_\_) \_\_\_\_\_\_\_\_\_\_ Alternate Number: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of an emergency every effort will be made to contact parents as soon as possible. If medically necessary does the Permaculture Club staff have permission to transport your child by ambulance? Yes/ No (circle one)

Preferred Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Child’s Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_\_\_\_\_

**Initial:** \_\_\_\_\_\_

Medical Information:

Medical Alert: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Restrictions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Please note Permaculture Club Staff cannot dispense any medications)**

Please list any and all physical, behavioral, emotional and/ or learning issue that affect your child:

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

**Media Release:**

I do/ do not (circle one) agree to allow my child’s image to be posted without using their full name on CIS Permaculture Club Flyer for promotional use. **Initial:** \_\_\_\_\_.

**Payment:**

 An invoice will be sent to you by email on the 1st of every month. Payment may be made online using your credit card by using the link that is included on your invoice. You may also write a check made payable to CIS PTA with your child’s name on the memo line and placed in the PTA box located in the schools lobby area. All payments are due on the 10th of the month. **Initial:** \_\_\_\_\_\_\_\_\_

**Pick- Up Time**

All Children much be picked up no later than 5:30 pm each day. After 5:30 pm a $25.00 for ever (5) minutes late. Fee’s will need to be paid at the time of pick up,. If your child is not picked up by 5:45pm, Child Protective Services will be notified.

**Release:**

By registering your child in the Permaculture Club you are releasing the Corrales International School Parent Teacher Association (PTA) its board and members, and the Permaculture club staff from any and all liability associated with your child’s participation in this club.

Parent/Guardian Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_