

Client Name: _____ Loving Hands Children's Home Registration Form Age: _____



Loving Hands Children's Home
P.O Box 48004
Los Angeles, CA 91401
(424) 781-8194
www.lovinghandschildrenshome@yahoo.com

Program of Interest **Enrichment Program** **Mentor Program** **Farm Intro Field Trip**

Client (Child)

First _____ Middle _____ Last _____ Gender: Male __ Female __
School Name _____ Grade _____ Birth date ____/____/____ Age _____
Street Address _____
Town/City _____ State _____ Zip code _____ Child's Home Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____
Cell phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State _____ Zip code _____ Home Phone _____ Daytime phone _____
Cell phone _____ FAX _____ E-mail _____
Occupation _____ Employer _____
Child lives with: _____
Person responsible for payment _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____
Cell Phone _____ Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Medical Release Information

Insurance Information
Policy Number _____ Name of Health Insurance Provider _____
Primary Physician _____
Address _____

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Phone _____ Hospital Preference _____

Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?
Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?
Yes__ No__ If yes, explain: _____

Does your child require a special diet?
Yes__ No__ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

In case of medical emergency:

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials _____

I understand that Loving Hands Children's Home will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials _____

Please circle how you heard about Loving Hands Children's Home Programs .

After School Program Website School _____ Referral _____ Flyer Other _____

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during **Loving Hands Children's Home Programs**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our donors and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Loving Hands Children's Home and its affiliates.

Parent's/Guardian's Initials _____

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Transportation Release

I hereby give permission for the transportation of my child for official **Loving Hands Children's Home** activities by modes of transportation agreed to by the program organizers.

Parent's/Guardian's Initials _____

Loving Hands Children's Home and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Upon the conclusion of the program. children **MUST** be picked up promptly. Release form, Hours of Operations 9:00 - 12:30 Saturday, Termination Policy-

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____