

**Information About the Child/ren**

Previous group experience? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Other Information**

List persons authorized to pickup child/ren:

| Name  | Relationship | Phone |
|-------|--------------|-------|
| _____ | _____        | _____ |
| _____ | _____        | _____ |
| _____ | _____        | _____ |

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**Medical Information**

General Health (describe) \_\_\_\_\_  
\_\_\_\_\_

Does child have any physical challenges or special care needs?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current medication \_\_\_\_\_  
\_\_\_\_\_

Does child have any allergies? \_\_\_\_\_  
\_\_\_\_\_

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How did you hear about A Child's Garden? \_\_\_\_\_  
\_\_\_\_\_

**Permissions Granted - please circle**

I give my permission for sunscreen to be applied: YES NO

I give permission for my child/ren to participate in water play: YES NO

I give permission that A Child's Garden LLC may use any photographs taken of my child/ren at school, for advertising only: YES NO

Date \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

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TO REGISTER: Please fill out this form completely and submit with the **\$25.00** fee to:

A Child's Garden LLC, 2150 NE Studio Rd, A1, Bend, OR 97701

FOR MORE INFORMATION OR TO VISIT THE SCHOOL - Please call (541)617-0434, (541)-848-8821 or visit our web site at - **www.achildsgardenbend.com**

A Child's Garden admits students of any race, creed, nationality, physical handicap, national or ethnic origin.