

CHILD'S LAST NAME, FIRST NAME, MIDDLE INITIAL _____

STREET _____

TOWN, STATE, ZIP _____

PHONE _____ DATE OF BIRTH ____/____/____ AGE _____

SCHOOL _____ GRADE _____ TEACHER _____

MALE FEMALE

ETHNIC BACKGROUND:
 ASIAN BLACK CAUCASIAN HISPANIC OTHER

INCOME LEVEL:
 UNDER \$10,000 \$10,000-20,000 \$21,000-\$40,000 OVER \$40,000

Please check below if your child has any health or medical conditions Sterling House should be made aware of.

Asthma: (PACKET A)

Food Allergies: (PACKET B)

Need an Epi-Pen: (PACKET C)

Seizures: (PACKET D)

Medications: (PACKET E)

Behavior: (PACKET F)

Other:

PARENT/GUARDIAN #1

LAST NAME, FIRST NAME, MIDDLE INITIAL _____

STREET _____

TOWN, STATE, ZIP _____

EMPLOYER _____ WORK PHONE _____

EMPLOYER ADDRESS _____ TOWN, ZIP _____

E-MAIL _____

CELL PHONE _____

PEOPLE AUTHORIZED TO PICK-UP YOUR CHILD (OTHER THAN PARENT):

1. _____
NAME _____
PHONE _____

2. _____
NAME _____
PHONE _____

#1
EMERGENCY CONTACT OTHER THAN PARENT _____ PHONE _____

#2
EMERGENCY CONTACT OTHER THAN PARENT _____ PHONE _____

PARENT/GUARDIAN #2

LAST NAME, FIRST NAME, MIDDLE INITIAL _____

STREET _____

TOWN, STATE, ZIP _____

EMPLOYER _____ WORK PHONE _____

EMPLOYER ADDRESS _____ TOWN, ZIP _____

E-MAIL _____

CELL PHONE _____

PLEASE READ AND SIGN BELOW

At times, photos are taken of various program activities to use on Sterling House social media and for other publicity. Please indicate below whether or not you give permission to use photos of your son/daughter for these purposes.

YES NO

X _____
SIGNATURE OF PARENT OR GUARDIAN DATE

I understand that fees for this program are due before the program starts. If fees are not paid by said date, I understand that my child's spot in the program will be forfeited and filled from the waiting list.

X _____
SIGNATURE OF PARENT OR GUARDIAN DATE

FOR OFFICE USE ONLY

MEMBERSHIP EXPIRES	VACATION CLUB FEE \$200/5 DAYS	RECEIPT #
MEMBERSHIP FEE	DATE PAID	
\$18	\$36	