



Davis Community School Registration & Emergency Form

Note: A separate form is required for each child.

Student's Name:

Date of Birth:

Parent/Legal Guardian 1:

Home Phone:

Cell Phone:

Work Phone:

E-mail:

Mailing Address:

State:

Zip:

Parent/Legal Guardian 2:

Home Phone:

Cell Phone:

Work Phone:

E-mail:

Mailing Address:

State:

Zip:

Emergency Contact 1:

Phone:

Relationship:

Emergency Contact 2:

Phone:

Relationship:

Name of Primary Care Physician:

Phone:

Name of Primary Dentist:

Phone:

Health Insurance Provider:

Pick-up Authorization

(The following individuals have permission to pick up my child.)

Name:

Phone:

Relationship:

Name:

Phone:

Relationship:

Medical/Allergy Information:

Please list any medical issues, illnesses, or allergies that might affect your child’s participation in the program. Attach an addition page if needed.

Allergies:

Medications:

Other:

Behavioral/Learning Information:

Please list any information regarding your child’s learning style or behavior that may help us facilitate the best learning environment. Attach an additional page if needed.

Release of Liability:

I hereby represent that the minor is in good health, and that I have identified all medical conditions associated with the minor, and that I have adequately informed Davis Studio personnel of any special instructions regarding the minor.

I certify that I have adequate insurance to cover any injury or damage the minor may suffer while participating, or else I agree to bear the costs of such injury or damage myself. I give the staff at Davis Studio permission to authorize emergency medical attention, should it be required.

Parent/Guardian # 1 Signature:

Date: _____

Parent/Guardian # 2 Signature:

Date: _____