



**Registration Form for Homeschool Gathering**

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

**Contact Information**

Address \_\_\_\_\_

*Street*

*City/State*

*zip*

Email \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Mother's number during PALS \_\_\_\_\_

Father's Number during PALS \_\_\_\_\_

**Medical Information**

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Food Restrictions \_\_\_\_\_

**Emergency Contacts: Please list two people, other than parents, to notify in an emergency**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Release Information**

**Your child will be released to only authorized persons listed on this form. In case of unforeseen circumstances, please give the name/phone number of any other person who may pick up your child.**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Payment Options**

I will pay tuition monthly \_\_\_\_\_ I will pay the full year's tuition in August (5% discount) \_\_\_\_\_

I will pay for Aug.-Dec. tuition in August and Jan.-May tuition in January (3% discount) \_\_\_\_\_

**Additional Information**

Child's favorite toys \_\_\_\_\_

Child's favorite types of play \_\_\_\_\_

Child's dislikes or fears \_\_\_\_\_

Father's Employment \_\_\_\_\_ Phone \_\_\_\_\_

Type of work \_\_\_\_\_

Mother's Employment \_\_\_\_\_ Phone \_\_\_\_\_

Type of work \_\_\_\_\_

Parent's marital status (circle one): married single divorced separated widowed

Names of siblings and ages \_\_\_\_\_

Names of anyone else who lives at your home and their relationship to your child \_\_\_\_\_

Where is your child on weekdays when they are not at PALS? Please check all that apply:

At home with mom/dad \_\_\_\_\_ With a grandparent/other relative \_\_\_\_\_

Daycare \_\_\_\_\_ Other \_\_\_\_\_ Please explain \_\_\_\_\_

Is there anything else we should know about your child/family in order to meet your needs?

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

**Emergency Consent:**

**Our policy is to notify a parent when a child is ill or needs medical attention. If an emergency arose and your child needed medical care, and we could not reach you, we would take your child to the emergency room at Floyd Medical Center. Please sign below so we can take appropriate action on behalf of your child.**

I hereby give my/our consent for my/our child, \_\_\_\_\_, when ill/injured, to be taken to the emergency room at Floyd Medical Center by the staff of PALS when I/we cannot be contacted. I consent to an ambulance being called to transport my child, if necessary. I further agree to pay all costs incurred for care and transport.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**I have read the PALS brochure and understand that PALS is not required to be licensed by the State of Georgia. And the PALS complies with all zoning, fire and health department requirements.**

Signature \_\_\_\_\_