



Children. Families. Community.

Program Enrollment Form Enrichment Classes

Date: _____

Participant's name: _____

Parent(s)' name: _____ Phone: _____

Name of enrichment class _____

Emergency contact #1: _____ Phone: _____ Relationship: _____

Emergency contact #2: _____ Phone: _____ Relationship: _____

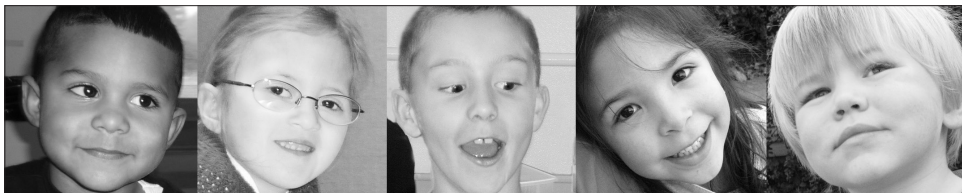
Doctor's name: _____ Doctor's phone: _____

Please specify any allergies, medical conditions or medicines that your child may be taking:

Cancellations less than one week prior to the camp start date will receive no refund.

I hereby give permission that myself or child(ren) may be given emergency treatment to include first aid and CPR by a qualified staff member at Encompass. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for myself or my child(ren) by our regular health-care provider, or when that health-care provider cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child(ren)'s health and I cannot be contacted. I also give permission for my child(ren) to be transported by ambulance, aid car or by the below-named alternate persons to an emergency center for treatment.

Staff and parents will always work together in making decisions about a child's program. Encompass reserves the right of final decision to discontinue service.



My child(ren)/family may be photographed for educational and program advertising purposes: Yes No

People authorized to pick up my child(ren):

Parent/guardian signature _____ Date _____