

**Dayspring, Inc. - Program Registration Form**  
**5351 Park Heights Avenue**  
**Baltimore, MD 21215**  
**410-664-0907**

**STUDENT INFORMATION**

Today's Date: \_\_\_\_\_

Program Name: \_\_\_\_\_

Student Name (First, Last) \_\_\_\_\_

Gender: M F            Current Age: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Student Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Student Email: \_\_\_\_\_

Name of School student is currently attending: \_\_\_\_\_

Grade: \_\_\_\_\_

Name of Student's Teacher: \_\_\_\_\_

Name of Student's Principal: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Name of Parent/Guardian \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Day Phone \_\_\_\_\_

Parent/Guardian Evening Phone \_\_\_\_\_

Parent/Guardian Email \_\_\_\_\_

Please list any allergies your child has to food

Please list any other allergies your child has:

Does your child need an inhaler? Yes No

Does your child take medication? Yes No

If so, what and why?

My child takes \_\_\_\_\_ times a day.

My child takes this medicine because he/she

\_\_\_\_\_  
\_\_\_\_\_.

Please list any other medical conditions below:

Attach to this form must be proof of immunizations (a copy of the form you must provide to schools) or bring the original documents to our office and we will copy them for your child's file.

### RELEASE INFORMATION

Will your child be picked up by an adult from the program? Yes No

If yes, please list the people who will be picking him/her up & their relation to the child below.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

If no, please write on the lines below how your child will be getting home from the program.

NOTE: If your child will be released from the program early, please put it in writing for your child's Group Leader so they can plan accordingly.

**EMERGENCY INFORMATION**

Please list 3 emergency contacts, including phone numbers of people who will be able to assist us in case we cannot reach you in an emergency situation involving your child.

Contact One:

Print Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_

Work Phone Number: (\_\_\_\_) \_\_\_\_\_

Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

Contact Two:

Print Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_

Work Phone Number: (\_\_\_\_) \_\_\_\_\_

Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

Contact Three:

Print Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_

Work Phone Number: (\_\_\_\_) \_\_\_\_\_

Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

## DAYSPRING, INC. - PERMISSION SLIP

My child, (please print) \_\_\_\_\_ has permission to attend and participate in the above program sponsored by Dayspring, Inc. I understand and agree that Dayspring, Inc. assumes no responsibility for transportation to and/or from this activity. I also understand and agree that Dayspring, Inc. assumes no responsibility for any and all injuries occurred while participating in this program. I understand and agree that if my child is asked to leave the program at any time for disciplinary reason, or if my child leaves on his/her own, that Dayspring, Inc. assumes no responsibility for the child after they leave. I further give the Director and any other worker or volunteer from Dayspring, Inc. permission to contact the principal, any teachers or any other person working with my child in order to partner in mentoring and tutoring. I agree to let Dayspring, Inc. make copies of my child's report card, Maryland State Assessment Performance, and test data that will help with instruction. I also agree to check on the progress of my child.

Parent/Guardian Signature: \_\_\_\_\_

## DAYSPRING, INC. PROGRAM PHOTO RELEASE CONSENT FORM

I hereby consent to the use (full or in part) of photographs, videotapes, and/or motion pictures where my child appear as a subject for promotional and informational purposes including commercial purposes for Dayspring, Inc.. I also authorize the use of my child's artwork.

I understand that my child's full name, address, or other identifying information *will not* be publicized without my consent. I do also understand that there will be no monetary reimbursement at any time for the use of photographs, videotapes, motion pictures or artwork of my child or made by my child.

I represent that I am the parent/guardian and that I have read and fully understand the terms of this agreement, and that I have the right to enter into this agreement.

Name of Participant: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_