

# CHILD Registration Form **please fill out completely**

PLEASE FILL OUT ONE FORM FOR EACH CHILD.

## PARENT/GUARDIAN INFORMATION

Member (Membership Number: J\_\_\_\_\_)

Non-Member

First Name	Last Name	Birth date	Gender
Street Address	City	State	Zip
Home Phone	Work Phone	Cell Phone	Email <input type="checkbox"/> If this is a new email address, check here.

## CHILD'S INFORMATION

Child's First Name	Child's Last Name	Birth date	Gender
Child's School	Grade	Known Allergies	

## EMERGENCY INFORMATION

Emergency Contact	Relation	Home Phone	Work Phone	Cell Phone
<b>Authorize Emergency Medical Treatment?</b> <input type="radio"/> Yes (complete the following) <input type="radio"/> No				
Insurance Carrier	Subscriber Number		Policy Number	
Signature	Date			

## PROGRAM CHOICES

Program Title	Code	Date & Time	Fee
Program Title	Code	Date & Time	Fee
Program Title	Code	Date & Time	Fee

TOTAL FEES \$ \_\_\_\_\_

## PAYMENT INFORMATION (MUST BE COMPLETED)

Check enclosed and made payable to APJCC  Visa  MasterCard  Cash

Card Number <i>(if we already have your card number on file, you may simply write "on file" and sign your name)</i>	Expiration Date
Name on Card	Signature

## PUBLICITY RELEASE

As a parent or guardian of the minor named above, I consent to photographs being taken of the minor and used in APJCC marketing and fundraising materials unless otherwise indicated in writing. I understand there is no financial compensation for the photographs.

Signature	Date
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## REGISTRATION OPTIONS:



Return completed form to  
14855 Oka Road, Ste. 201  
Los Gatos, CA 95032



Fax completed form to  
408.358.7311



Drop form off at  
APJCC Service Desk