

CHILD Registration Form **please fill out completely**

PLEASE FILL OUT ONE FORM FOR EACH CHILD.

NOTE: If you would like to receive confirmation of your registration, please include your email address.

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
Authorize Emergency Medical Treatment? <input type="radio"/> Yes (complete the following) <input type="radio"/> No				
Insurance Carrier	Subscriber Number		Policy Number	
Signature	Date			

PROGRAM CHOICES

Program Title	Date & Time (required--this must be filled in)	Fee
Program Title	Date & Time (required--this must be filled in)	Fee
Program Title	Date & Time (required--this must be filled in)	Fee

TOTAL FEES \$ _____

PAYMENT INFORMATION (MUST BE COMPLETED)

Check enclosed and made payable to APJCC Visa MasterCard Cash

Card Number	Card Security Code (3 or 4 digit number)	Expiration Date
<i>(if we already have your card number on file, you may simply write "on file" and sign your name)</i>		
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