

# THE STUDY INSTITUTE REGISTRATION FORM

CHILD'S NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ CELL/PAGER: \_\_\_\_\_

EMPLOYMENT: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ DRIVER'S LIC.#: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ CELL/PAGER: \_\_\_\_\_

EMPLOYMENT: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ DRIVER'S LIC.#: \_\_\_\_\_

GUARDIAN'S NAME \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ CELL/PAGER: \_\_\_\_\_

EMPLOYMENT: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ DRIVER'S LIC.#: \_\_\_\_\_

Who will be responsible for picking up the child from the Study Institute? \_\_\_\_\_

Alternative person(s) authorized to pick up child from the Study Institute? \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please list any other family members who participate in the program:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**I hereby release and hold harmless, the Study Institute, its agents, employees, officers, or sponsoring groups from any liability which may result from my child's participation in the summer program.**

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

\_\_\_\_\_  
Date

**I hereby consent that any photographs of my child(ren) may be used on the Study Institute's web site and/or brochures free and clear of any claim whatsoever on my part.**

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

\_\_\_\_\_  
Date

**The law mandates that parents must sign their child/children in and sign them out when leaving them with or taking children from the organization responsible for the safety and care of that child. Also, children are not to be released to anyone not specified as an alternative pick-up person. If parents wish to have an unauthorized person pick up a child from the Study Institute, a phone conversation and written consent will be required. In addition, the designated pick-up person should be prepared to show appropriate identification to any staff member requesting such information.**

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

\_\_\_\_\_  
Date

**For office use only**

**Fees Paid:(registration)\_\_\_\_\_ + 1<sup>ST</sup> Week \_\_\_\_\_ Camp site: \_\_\_\_\_ Date received \_\_\_\_\_**