



## PAWS Atlanta PALS Registration Form:

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### *Information about the Camper*

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child will be entering what grade in the fall of 2019? \_\_\_\_\_

I am registering my child for the following session:

- Session 1: June 3 – June 7, 2019
- Session 2: June 10 – June 14, 2019
- Session 3: June 17 – June 21, 2019
- Session 4: June 24 – June 28, 2019
- Session 5: July 15 – July 19, 2019
- Session 6: July 22 – July 26, 2019
- Session 7: July 20 – August 2, 2019

### *Information about the Parents/Guardians*

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Phone #: \_\_\_\_\_

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

City, State ZIP: \_\_\_\_\_

### *Emergency Contacts (min two contacts)*

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Medical Information**

Does your child have any medical allergies?       Yes       No

What type? \_\_\_\_\_

Any other medical / behavioral issue we need to be aware of?  
\_\_\_\_\_  
\_\_\_\_\_

Do you have insurance coverage for this child?       Yes       No

Name of the insurance provider: \_\_\_\_\_

Insurance policy number: \_\_\_\_\_

Insurance Contact Number: \_\_\_\_\_

**Drop Off/Pick Up Information**

List the names of people who are approved to drop off / pick up the child each day.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Waiver Release**

- I have read and signed the waiver
- I authorize PAWS Atlanta to provide medical attention to this child, if necessary.

\_\_\_\_\_  
Signature of Parents/Guardian

\_\_\_\_\_  
Signature of Parents/Guardian