



PAWS Atlanta PALS Registration Form:

Information about the Camper

Child's Name: _____

Age: _____ Birthdate: _____

Child will be entering what grade in the fall of 2018? _____

I am registering my child for the following session:

- Session 1: June 4 – June 8, 2018
- Session 2: June 11 – June 15, 2018
- Session 3: June 18 – June 22, 2018
- Session 4: June 25 – June 29, 2018
- Session 5: July 9 – July 13, 2018
- Session 6: July 16 – July 20, 2018
- Session 7: July 23 – July 27, 2018

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