



CITY OF ORLANDO & PAGE 15 PARRAMORE
2016 / 2017 Registration & Permissions Form



WRITING • READING • TUTORING
WWW.PAGE15.ORG

CHILD Name _____ School _____ Grade _____

Age _____ Date of Birth ____/____/____ Ethnicity _____ Sex: M [] F []

PARENT / GUARDIAN Name(s) _____

Street Address _____ City, State, Zip _____

Home Phone: _____ Cell/pager: _____

Email Address (if available): _____

Does the enrolled child receive free or reduced lunch? Yes [] No []

Emergency & Medical Information

Does your child have any medical conditions (allergies, asthma, heart condition, seizures, diabetes, hearing, sight loss, etc.)?

Yes [] No [] Please explain _____

Does your child take any medications during the day?

Yes [] No [] Please explain _____

Please list any activities in which your child is UNABLE to participate: _____

Family Doctor: _____ Phone: _____

Emer. Contact Name: _____ Relationship _____ Phone: _____

Emer. Contact Name: _____ Relationship _____ Phone: _____

Please Read the Following and Sign Below

I hereby certify that, to the best of my knowledge, the above statements are true and correct. I give the City of Orlando, Parramore Kidz Zone, Page 15/Urban Think Foundation (“the program”) permission to assess my child’s academic skills. Upon acceptance, I give my child permission to participate in the tutoring and after-school program. I give the program permission to contact my child’s teachers to discuss his/her academic progress, to contact the school counselors as needed and to obtain copies of report cards. I understand that I am responsible for updating all contact information and parent guardianship, should they change during the course of the year. I give the program permission for my child to be photographed, videotaped, published and/or audio taped for the purposes of student’s learning and/or for the publicity of the program. I give permission for my child to receive emergency medical treatment if necessary. I understand that the program cannot assume responsibility for injury or death and I agree to hold harmless the City of Orlando, Parramore Kidz Zone, Page 15/ Urban Think Foundation, their directors, officers, employees, and volunteers from any liabilities, demands, or claims for damage.

Parent / Legal Guardian signature: _____ Date _____