



REGISTRATION INFORMATION FORM

All of the information that you provide is strictly confidential (only Adventure Night staff will have access to the information provided). Please complete this form in order to provide us with accurate information about your child to help us better provide a safe and fun environment.

Contact Information

Child's Name

Address Zip Code

Home Phone E-Mail Age

Date of Birth Height Weight

Parent's Names

Work Phone (Mother) Work Phone (Father)

Mobile Phone (Mother) Mobile Phone (Father)

Which parent should be notified first in case of emergency?

Child's Diagnosis

Please indicate if your child has any of the following:

Asthma/Bronchitis Emotional Problems

Cerebral Palsy Heart Condition

Contact Lenses Hepatitis

Seizure Disorder Other

Description of special needs: Please provide information in the applicable areas:

Toileting

Feeding

Mobility

See Other Side

**More About
My Child**

Tell us about your child so we can plan appropriate activities for him or her.

What are some of your child's favorite activities? (music, games, movies, crafts, etc.)

What are some things that your child does not like or that makes him or her upset?

Would you describe your child's typical behavior as quiet, passive, hyperactive, aggressive, etc?

Does your child have difficulty transitioning from one activity to the next? If so, how can we help make that better for him or her?

Does your child have difficulty communicating? If so, please explain.

Does your child have vision and/or hearing difficulties? If so, please explain.

Please include any other vital information about your child that would help us:

**Medical
Information**

Does your child take medications that will need to be administered during evening care?

Prescription Name Dosage Time

Prescription Name Dosage Time

Physician's Name Phone

Area of Specialization

Physician's Name Phone

Area of Specialization

Does your child have allergies to food, animals, medicine, etc? If yes, please describe:

If an emergency occurs and the circumstances permit, what hospital do you prefer?

When deemed necessary by staff, may Aspirin (check one) be given? Dosage?
 Tylenol

Specific emergency instructions not described elsewhere on this form