

# Grandma's Place Spring Break 2005 Registration Form

1505 NE 16<sup>th</sup> Avenue Portland, OR 97232  
TEL. 503 249-7533 FAX 503 460-1948

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Allergies/Special Conditions \_\_\_\_\_

## Check Day/Date(s)

\_\_\_\_\_ Mon, March 21 Spring Crafts and field games \_\_\_\_\_ Thurs, March 24 Ice Skating - \$5.00

\_\_\_\_\_ Tues, March 22 Bowling at Hollywood Bowl - \$5.00 \_\_\_\_\_ Fri, March 25 Crafts and field games at Grant Park

\_\_\_\_\_ Wed, March 23 The "Imagination Station" playground

## Check the items below, your signature indicates authorization.

\_\_\_\_\_ My child may participate in field trips with transportation provided by company van, public transportation, or by foot .

\_\_\_\_\_ My child may participate in water activities, weather permitting.

\_\_\_\_\_ I give Grandma's Place Child Care Center staff permission to obtain and authorize any necessary medical treatment for my child or children and I understand that my child may be transported to the nearest hospital by ambulance in the event of an emergency.

## AUTHORIZATION

This is to certify that the information on this form has been completed to the best of my knowledge and that my child is in good health and free of disabilities that would endanger him/her or other children. In addition, I hereby, for myself, my children, dependents, my heirs, executors and administrators, waive and release any and all rights and claims for damages I have against Grandma's Place Child Care Centers and/or their respective agents representatives, successors, and/or assigned for any and all injuries which may be suffered with my child or children's involvement in Grandma's Place Child Care Centers.

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

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\_\_\_\_\_  
Date