



AHM Family Resource Center
Play and Learn Group Summer 2017 Registration Form

Registration paid: Yes No
Cash Check (Check #_____)

Summer 2017 Dates: 6/21, 6/28, 7/12, 7/19, 7/26 and 8/2
Location: KinderRHAMa Classroom at RHAM High School
Time: 9:00-10:15 or 10:30-11:45
Fee: \$40/ per family

Today's Date: _____

Contact Information

Parents' Names: _____

Address: _____ Town: _____ E-Mail address: _____

Best Phone to reach you: _____ Alternate Phone: _____

Please list all children in your family who are attending the group (including babies!)

Child's Name: _____ Age: _____ Date of Birth: _____ Sex: _____

Person bringing child if other than parent: _____ Relationship to Child: _____

Phone: _____

Emergency Contact information:

In case of emergency involving you (the adult), whom should we contact?

Name: _____ Relationship to you: _____ Phone: _____

Parents As Teachers: Are you interested in finding out about free Parents as Teachers Home Visits for families? ___Y___N

Family Information This information is collected for statistical/funding purposes and is confidential)

1. Household: (Please check who child lives with):

___Two Birth/Adoptive Parents ___Single Parent(F)___Single Parent (M)___ Step+Birth Parent___Joint Custody ___Relative ___DCF Guardianship___ Grandparents

2. Ethnicity of Child(ren): ___Hispanic/Latino ___Non-Hispanic/Latino

3. Race of Child(ren): ___White ___Asian ___Black/African American ___Multiracial ___American Indian/Alaskan Native ___Native Hawaiian/Pacific Islander

4. Do you have any health concerns about your child that would impact their participation in the group? (For example, allergies, seizures, asthma)? Please list:

5. Are your child's immunizations up to date? ___Y___N

6. Does your child have health insurance (either private, HUSKY, or other)? ___Y___N

Refund Policy: Refunds are issued only for a medical reason and with written notification from a doctor. There are no refunds once a class has begun.

AHM Information

Do you wish to receive information about additional AHM Sponsored Activities, Events and services? ___Yes___ ___No___

Information Release

During your participation in Play and Learn Group information is collected and stored electronically and in paper form in a secure office setting.

Parent Signature: _____ **Date:** _____

Photo Release

I, _____ do/do not give permission to have any
(Please print parent name) (Please circle one)
photographs taken of my child(ren) _____ for use in the Play
Child's Name
and Learn Program. I understand that the photograph(s) will be used for activity purposes in the program.

I, _____ do/do not give permission to have
(Please print parent's name) (please circle one)
photographs taken of my child(ren) _____ to be submitted to
Child's Name
newspapers/magazines/newsletters/AHM website/Social Media

Parent Signature: _____ **Date:** _____