

Registration form

Seacoast Forest Friends

Registration Form

Child's Name: _____

Nickname: _____

Age: _____ Date of Birth: _____

Parent/Guardian Name: _____

Phone: _____

Email: _____

Parent/Guardian Name: _____

Phone: _____

Email: _____

Address: _____

State _____ Zip Code: _____

EMERGENCY CONTACT OTHER THAN PARENTS (relationship/name/phone):

Insurance (type, policy #, name of policy holder):

Hospital Choice:

Doctor's Name and Phone Number:

Student Information

All adults with pick up permission:

Please describe any allergies:

How can we support your child's toileting process?

Please describe your child's strengths, interests, disabilities, special circumstances, medical conditions, and anything you feel we should know about your child:

Signature: _____

Date: _____

Email completed registration form and [waivers](#) to seacoastforestfriends@gmail.com along with a 100.00 deposit for the school year. For summer camp only, full payment is due upon registration (165.00 per week). Payment can be made through Venmo (@Emily-Sawka) or check to Seacoast Forest Friends. You will receive a welcome letter shortly.

