

ABC Express, Inc. APPLICATION FORM

Child's Full Name _____

Child Called _____

Child's Birthdate _____

Family Address _____

Parent's
Name _____

Email
Address _____

Parent (1) Name: _____ Phone Numbers: (H) _____ (C) _____ (Other) _____

Parent (2) Name: _____ Phone Numbers: (H) _____ (C) _____ (Other) _____

Family Physician address and phone: _____

Dentist address and phone: _____

Hospital Family Uses address and phone: _____

Emergency Contacts: (Address required by the State of Minnesota)

1. Name/address _____ relationship _____ phone _____

2. Name/adresss _____ relationship _____ phone _____

Name and phone numbers of people authorized to pick up your child: _____

SOCIAL BACKGROUND OF YOUR CHILD:

Has your child had previous group experience: _____ if yes, where and doing what? _____

How would you describe your child emotionally? _____

What kind of activities does your child like to do? _____

How do you expect your child to benefit from this program? _____

Are there others who live in your house? _____

PERSONAL PROPERTY

I understand that any personal property brought by my child to the school is brought at own risk and that the school or any of its staff is not responsible should the property be lost, stolen or damaged.

Signed _____ Date _____

PUBLICITY

ABC Express, Inc. has my permission to use my child's name or photograph in the publicity of the school and/or news stories.

Signed _____ Date _____

MEDICAL PERMISSION

I give permission for ABC Express, Inc. staff to take whatever steps may be necessary to obtain emergency medical care for my child if warranted.

Signed _____ Date _____

I give my permission for ABC Express, Inc. staff to apply sunscreen to my child if needed.

Signed _____ Date _____

I give permission for ABC Express, Inc. staff to use hand sanitizer when it is necessary.

Signed _____ Date _____