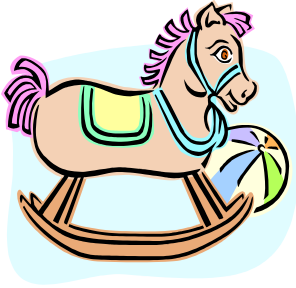


Registration Date: \_\_\_\_\_ Immunization Form \_\_\_\_\_ Allergies \_\_\_\_\_ Emergency Card \_\_\_\_\_

**NPC TOT DROP REGISTRATION**  
**THE NOROTON PRESBYTERIAN CHURCH**  
**License #12250**



NPC MEMBER: Y/N \_\_\_\_\_ CHILD'S AGE \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ PARENTS E-MAIL \_\_\_\_\_

PARENTS NAME(S) \_\_\_\_\_

PARENTS' HOME PHONE \_\_\_\_\_ WORK \_\_\_\_\_ CELL \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_  
# Street Town State Zip

EMERGENCY CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

OTHER SAFE ADULTS TO GO HOME WITH: \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

HOSPITAL PREFERENCE \_\_\_\_\_

If you (the parents) cannot be reached at the time of an emergency, and if an immediate observation or treatment is urgent in the judgment of the Church/Youth Club staff, do you authorize and direct that your child be accompanied to the hospital or doctor most accessible?

YES \_\_\_\_\_ NO \_\_\_\_\_ DATE \_\_\_\_\_ Parent Signature \_\_\_\_\_

DOES YOUR CHILD TAKE ANY MEDICATION REGULARLY? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please specify: \_\_\_\_\_

IS YOUR CHILD ALLERGIC TO ANYTHING? YES \_\_\_\_\_ NO \_\_\_\_\_

Please list each allergy: \_\_\_\_\_

ARE THERE ANY MEDICAL CONDITIONS, LEARNING STYLES, FAMILY SITUATIONS,  
OR SPECIAL NEEDS YOU FEEL WE SHOULD BE AWARE OF \_\_\_\_\_