

# National Corvette Museum Activity Enrollment Application

## Basic Information:

Child's Name:

Date of Birth:      Male  Female

Grade Completed in May:      Last School Attended:

Child's Address:

Home Telephone Number:

Parent Daytime E-mail Address:

Parent/Guardian Home Telephone Number (If different from above):

Parent/Guardian Address (If different from above):

Mother's Name:      Are you the Custodial Parent? Yes  No

Father's Name:      Are you the Custodial Parent? Yes  No

Guardian's Name:

## Parent/Guardian Employment Information:

Mother's Employer:

Telephone:      Mother's Cell Phone:

Father's Employer:

Telephone:      Father's Cell Phone:

## Emergency Information (Please list a contact who is not a parent/guardian):

In Emergency Notify:

Relationship to Child:      Contact Phone Number:

***Below please name any person other than the emergency contact who is permitted to pick-up your child.***

Name:      Daytime Phone Number:

Relationship to Child:

Name:      Daytime Phone Number:

Relationship to Child:

Name:      Daytime Phone Number:

Relationship to Child:

## Child's Medical & Developmental Information:

Physician:      Telephone:

*In planning our programs to meet your child's needs, we must have pertinent information including any medical, behavioral and cognitive assessments. We also need to be aware of any services provided to your child during the day.*

Please check if child has any of the following: Diabetes  Frequent Colds  Earaches   
ADHD  Stomach Aches  Epilepsy  High Fevers  Hearing Aid  Glasses   
Physical Disabilities  Other:

Please list any conditions/treatment the child has that are not listed above:

List any medications the child is currently taking:

Please check all allergies and allergy symptoms that apply: Asthma  Runny Nose   
Hives  Hay Fever  Watery Eyes  Food Allergies:      Other Allergies:

**Declaration**

All the information on this application is completed accurately. I know that complete and accurate information is necessary to best serve my child. I understand that it is my responsibility to notify The National Corvette Museum of any changes in employment, residence, phone numbers and emergency information that may change.

Agree  Disagree

I hereby authorize National Corvette Museum to seek medical treatment for my child in the event of an emergency. *I understand that I am solely responsible for any medical expenses*, which my child may incur for any injuries, including those resulting from on-site injuries. I hereby release The National Corvette Museum from any and all claims or causes of action for any injuries sustained by my child at the program.

Agree  Disagree

Occasionally a newspaper or television station visits to promote children's activities. I agree to allow my child to participate in these activities.

Agree  Disagree

I understand that fees are due no later than November 2, 2012. If payment has not been received by that date, my child will not be a participant in this activity. I also understand a late fee will be charged in the amount of \$2 per minute that I am past 11:30 to pick up my child and that payment is due that day.

Agree  Disagree


Complete Signature	Date
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Please print the completed form and bring it with you to the activity you have registered to attend. All participants must have a completed form on file in order to participate in any event at The National Corvette Museum.