



Activity Registration Form

Pelican Community Park
 18115 North Bay Road
 Sunny Isles Beach, FL 33160
 305.792.1706 (phone)
 305.792.1566 (fax)

**THIS FORM CAN BE COPIED — ONE PARTICIPANT PER FORM.
 PLEASE PRINT AND FILL OUT COMPLETELY.**

Participant: First	Last	Date of Birth	Resident <input type="checkbox"/>	Non-Resident <input type="checkbox"/>
For After School Program - Please provide grade level and Teacher's Name (right)		Grade (Fall 2018)	Teacher's Name:	
Does this person require assistance or special accommodation to participate in the chosen activity? <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender M <input type="checkbox"/> F <input type="checkbox"/>		Birth Certificate Attached (if required) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Specify special needs:

Street Address		Apt#	City, State		Zip
Home Phone	Work Phone	Cell phone	Email address		
Parent/Guardian (if participant is a minor): First		Last	Relationship to Participant		
Home Phone	Work Phone	Cell Phone	Email Address		
Emergency Contact: First		Last	Relationship to Participant		
Home Phone	Work Phone	Cell Phone	Email Address		

FOR OFFICIAL USE ONLY

Parent Initial	Staff Initial	Program Name	Session #	Fees		Payment			Cancellation		
				Reg	Prog	Mode	Amount	Date	Mode	Amount	Date

Birth Certificate Provided <input type="checkbox"/> Yes	Pick-Up Auth. Form Comp. <input type="checkbox"/> Yes	Waiver Release Form Comp. <input type="checkbox"/> Yes	Entered in RecPro <input type="checkbox"/> Yes
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Child Pick-Up Authorization Form

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PLEASE PRINT:

I _____ as legal custodian/parent/guardian (**circle one**) of _____, (**write name of child**) hereby authorize the following person(s) including legal custodian/parent/guardians that have my permission to pick up my child from the above referenced Center at any given date for any given program. I hereby agree to inform the following persons that proper photo identification will be required in order to pick-up my child/ward.

For each person authorized below to pick-up your child, please clearly indicate their name, home/cell #, and relationship status (e.g. parent, legal custodian, guardian, family member such as aunt/uncle, grandparent, etc., or friend) in the space provided below. Please also ensure to list the **specific days** they are authorized to pick-up your child (you can state ALL if there are no restrictions).

PLEASE PRINT:

<u>Name</u>	<u>Home Phone #</u>	<u>Cell Phone #</u>	<u>Relationship</u> (indicate whether person is legal custodian, parent, guardian, family member or friend)	<u>List the pick-up/drop/off days</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

Persons NOT permitted to pick-up child:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

I hereby agree that if the above authorization for pick-up of my child/ward changes, I shall immediately contact the Center and submit a revised authorization form. Furthermore, I acknowledge that if there are any legal issues affecting this Pick-Up Authorization, I shall immediately provide the Center with an updated court document stating such.

Signature of Parent/Legal Guardian

Name of Parent/Legal Guardian (Print)

Date

Parent/Legal Guardian's Phone Number: () _____