Registration Information

Child's Name: ____
Address: ____
City: _____________________ Zip: ___________
Parent's Email: ____
Male: _____ Female: _____ Age: _____ Birth Date: ___________
Grade Completed by June: ________
Parent(s)/Guardian(s): ____
Address: (if different): ____
Phone (cell): ______________________ (work): _______________________
Emergency Contact: _____________________________ Phone: ___________________
Address: ____
Emergency Contact email: ____

IMPORTANT

In addition to the parent/guardian, your child may be released to the following:

Name: ____________________________________ Relationship: __________________
Name: ____________________________________ Relationship: __________________

HEALTH HISTORY

(Check & give year)

Frequent Ear Infections ____ Measles _____ Diabetes ____
Heart Defect/Disease ____ Mumps _____ Asthma ____
Bleeding Disorder ____ Convulsions _____ Chicken Pox _____
Allergies: Penicillin ____ Hay Fever ____ Poison Ivy _____ Bee Stings _____
Other Allergies: ____
Activities your child might have trouble with: ___________________________________
____
Operations or serious injuries: ____
Chronic or recurring illness: ____
Name of Family Physician: ____
Address & Phone Number: ____
Medical Insurance Carrier: ____
Other Pertinent Insurance Information: _______________________________________

PARENT AUTHORIZATION

Parents' Authorization: This health history is correct as far as I know. My child(ren) has permission to engage in all activities except as noted above. I hereby give authorization to the physician named above to order x-rays, routine tests, and treatment for the health of my child. In the event I cannot be reached in an emergency, I hereby give permission to our family physician to hospitalize, to secure proper treatment, and to order injection and/or anesthesia and/or surgery for my child as named above.

Signature: ____ Date: _______________
Signature: ____ Date: _______________
*Please return to: Dinsmore Homestead, Attn. Cathy Collopy, P.O. Box 453, Burlington 41005
If you would prefer to pay with credit, please call Cathy at (859)586-6117 or stop by.

Cost for Pioneer: $130 for members; $115 non-members with $10 discount for each sibling