

Summer F.A.S.T. Registration Form

(Please list all children in your household on one form)

Student's Name _____	School last attended: _____
Date of Birth _____	Age _____ Grade:(going to 2018-2019) _____ Swimmer y/n

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Address: _____

Father's Name: _____ **Place of Employment:** _____

Phone (Work) _____ **Phone(Cell):** _____ **Phone(Home):** _____

Mother's Name: _____ **Place of Employment:** _____

Phone (Work) _____ **Phone(Cell):** _____ **Phone(Home):** _____

Please list 2 contacts other than parents in case of an emergency:

Name: _____ **Relationship:** _____ **Phone:** _____

Name: _____ **Relationship:** _____ **Phone:** _____

Name of Physician: _____ **Phone:** _____

List of any health conditions or allergies: _____

I acknowledge receipt of the F.A.S.T. Handbook and a copy of the Tennessee Dept.of Ed. Summary of Child Care Approval Requirements. ☐yes ☐no _____ (Initials)

I give FAST staff permission to apply first aid if necessary to my child ☐yes ☐no _____ (Initials)

I give FAST permission to seek medical treatment if unable to reach parents ☐yes ☐no _____ (Initials)

Does your child require any special care or equipment? ☐yes ☐no

I give FAST permission to photograph and publish pictures online of my child ☐yes ☐no _____ (Initials)

All children are expected to follow the rules established by the staff for the purpose of safety and smooth operation of the program. Children who pose a behavior that is threatening to the welfare of other children, the staff or themselves will be dismissed from the program. _____ Initials

WHICH DAYS WILL YOUR CHILD ATTEND

MONDAY__ **TUESDAY**__ **WEDNESDAY**__ **THURSDAY**__ **FRIDAY**__

Parent Signature _____ **Date** _____

