

# Pius Adventure Care

# Registration

Child's Legal Name: \_\_\_\_\_  
Last First Middle

Male \_\_\_\_\_ Female \_\_\_\_\_ Name Usually Called \_\_\_\_\_ Grade in Fall of 2008 \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Wauwatosa Resident \_\_\_\_\_ Milwaukee Resident \_\_\_\_\_ Other \_\_\_\_\_

Ethnic Background \_\_\_\_\_ Religion \_\_\_\_\_

## FAMILY INFORMATION

Please circle appropriate marital status of parents:

Married Divorced Single Widowed

Child resides with \_\_\_\_\_ Who has legal custody? \_\_\_\_\_

Is there anyone else who has parental rights to inspect records? Please list \_\_\_\_\_

### Father/Legal Guardian

Name \_\_\_\_\_ Circle One: Natural Step Adoptive Foster  
Last First

Address \_\_\_\_\_  
Street City Zip

Home Phone No. \_\_\_\_\_ Lives with Child \_\_\_\_\_ YES \_\_\_\_\_ NO

Religion \_\_\_\_\_ Is father a registered member of St. Pius? \_\_\_\_\_ Yes \_\_\_\_\_ NO

### Mother/Legal Guardian:

Name \_\_\_\_\_ Circle One: Natural Step Adoptive Foster  
Last First

Address \_\_\_\_\_  
Street City Zip

Home Phone No. \_\_\_\_\_ Lives with Child \_\_\_\_\_ YES \_\_\_\_\_ NO

Religion \_\_\_\_\_ Is Mother a registered member of St. Pius? \_\_\_\_\_ Yes \_\_\_\_\_ NO

**Please list any person prohibited from picking your child up from PAC:** \_\_\_\_\_

Registration form completed by: \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# PAC Emergency Contact Information

Child's Legal Name: \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City Zip

Home Phone No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mother / Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father / Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Emergency Information

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list three persons we may call if the parent(s) / guardian(s) cannot be reached who have your permission to make decisions concerning your child in the event of an emergency. Please check the box if this person also has permission to pick up your child from PAC.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  Permission To Pick Up

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  Permission To Pick Up

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  Permission To Pick Up

**In the event of emergency, I consent to have my child given emergency care or medical treatment as needed until I can be reached. I will be responsible for medical costs incurred in the event of accidental injury.**

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Health Information

Allergies or Other Medical issues we should be aware of: \_\_\_\_\_

Medication Currently Taking: (Please make sure Medical Consent form is on file) \_\_\_\_\_

Restriction of Activity: (Please state degree of restriction and why it is necessary) \_\_\_\_\_