

## CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

**NAME OF CHILD CARE PROGRAM**

**LICENSE NUMBER**

**TO THE PARENT OR GUARDIAN:** This form must be completed for each of your children who will be enrolled in the program, and must be updated whenever information changes.

**DATE OF CHILD'S ENROLLMENT** \_\_\_\_\_

Child's name:	Date of birth:
Address:	Phone number:

**IDENTIFYING INFORMATION OF PARENT/S OR GUARDIAN/S LEGALLY RESPONSIBLE FOR CHILD:**

Name:	Name:
Address:	Address
Home phone number:	Home phone number:
Indicate where parent/guardian above can be reached while child is in care. Include name, address and phone number of business if applicable. Include any special instructions, e.g. pager, cell phone, etc.	
Business Name:	Business Name:
Address:	Address
Phone number:	Hours:
Phone number:	Hours:
<b>Special Instructions for reaching parent/guardian:</b>	

**EMERGENCY CONTACT PERSON:** You (parent/guardian) are required to list at least 1 person with whom you would feel comfortable leaving your child, and who could assume responsibility for your child if you could not be reached immediately in an emergency, or if for some reason you could not pick up your child and were unable to communicate with the program. Examples: if your child were sick and you were not accessible, or if you experienced sudden illness between work and picking up your child.

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone number:	Phone number:

**NON-EMERGENCY ALTERNATE PICK-UP PERSON/S:** I, \_\_\_\_\_  
(Parent/Guardian Signature)

authorize the following individual(s) to pick up my child from the program on a non-emergency basis.

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone number:	Phone number:

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Relationship:	Relationship:
Address:	Address:
Phone number:	Phone number:

## **TRANSPORTATION AUTHORIZATION**

*TRANSPORTATION AUTHORIZATION FOR EACH CHILD WHO IS TRANSPORTED TO OR FROM  
PROGRAM NOT ACCOMPANIED BY HIS/HER PARENT(S):*

BEDFORD MARTIAL ARTS ACADEMY CAMP PROGRAM

I hereby provide authorization for my Child \_\_\_\_\_  
to travel between Bedford Town Pool and/or Bedford Playground and Bedford Martial Arts  
Academy by the transportation provided by Bedford Martial Arts Academy for the purposes of  
participating in activities at the Bedford Town Playground and/or water activities at the Bedford Town  
Pool. I understand that I will be advised on a weekly / daily basis as to the days and timeframe my child  
will be traveling to the Town Pool and/or Town Playground, as the dates will be determined by the  
weather.

**My child's swimming ability is as follows:**

\_\_\_\_\_

**NOTE:** Children who are under 7 years old AND are 57 inches tall or shorter, must ride in a  
federally approved car seat or booster. The only time this is not the case is if the child is over 57  
inches tall; in which case they can use a seat belt.

**Does your child require a booster seat?**      YES \_\_\_\_\_      NO \_\_\_\_\_

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child Date of Birth

\_\_\_\_\_  
Dated:

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
Dated:

\_\_\_\_\_  
BEDFORD MARTIAL ARTS ACADEMY, Owner or Representative

## CLASS AUTHORIZATION

### **AUTHORIZATION TO ALLOW CHILD TO LEAVE SUPERVISION OF CAMP PROGRAM PERSONNEL**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Program: **BEDFORD MARTIAL ARTS ACADEMY CAMP PROGRAM**

By Signing below, I authorize **Bedford Martial Arts Academy CAMP Program** personnel to allow my child to leave the Camp Program to participate in **Bedford Martial Arts Academy Martial Arts Program**, for the purpose of participating in their martial arts class or assisting with class as a Junior Leader, Trainee Instructor, Junior Instructor, or Assistant Instructor, on a daily basis, for the period of time that my child is enrolled in the Bedford Martial Arts After School Program.

\_\_\_\_\_ Date Signed : \_\_\_\_\_

# BEDFORD MARTIAL ARTS ACADEMY, LLC

292 Route 101 West

Bedford, NH 03110

(603) 626-9696

## **RELEASE FOR PICTURES**

I hereby give permission to the Bedford Martial Arts Academy, LLC to take pictures of me and/or my child(ren) for purposes of photographs to be used by the Bedford Martial Arts Academy, LLC, including but not limited to advertisements, brochures, newspapers, television, posters, demonstrations, video and social media pictures or video. By signing said Release, I understand that the Bedford Martial Arts Academy, LLC owns these pictures and may use the photographs for the above purposes at their discretion, and that no fees will be paid for use of any photographs.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Print Student's Name

\_\_\_\_\_  
Signature of Student or  
Parent / Guardian if Student is a Minor

**(603) 626-9696**