



**The Brookside Nursery Seasonal Program Registration  
Participant Information**

**Child 1 Information (Please print)**

Last Name	First name	Age	DOB
<b>Medical History , Info ( Please list all allergies, pertinent conditions , etc)</b>			
Any additional Information			

**Child 2 Information (Please print)**

Last Name	First Name	Age	DOB
<b>Medical History, Info (Please list all allergies, pertinent Conditions, etc)</b>			
Any additional Information			

**Parent Information (Please print)**

Mom Name (First and Last)		Dad Name (First and Last)	
Mailing Address or P. O. Box		City	
State	Zip	Email (Mom)	
Home Phone	Local Phone	Email (Dad)	
Local Address			
Mom Cell (with area code)			
Dad Cell (with area code)			
Emergency Contact: Name and Phone Number (with area code) "incase parents can't be reached"			

**IMPORTANT: Photo ID required when picking up child.**

**I have provided and reviewed all of the information on this form, which is accurate and complete to the best of my knowledge.      Date: \_\_\_\_\_**

\_\_\_\_\_  
**Parent signature**

\_\_\_\_\_  
**witness**