

Referred by: _____ Childrens Rehab Staff Name: _____

_____ Physician Name: _____

_____ Friend _____ Parent _____ Other

Please list all ALLERGIES (food, medication, environmental): _____

Child / Youth Email if different from parents' email: _____

Parent(s)/Legal Guardian:

First Parent

Name: _____

LAST

FIRST

Telephone: _____ (H) _____ (W) _____ (C)

Email: _____

Second Parent

Name: _____

LAST

FIRST

Telephone: _____ (H) _____ (W) _____ (C)

Email: _____

Parent(s)/Legal Guardian's Address: (if different from child/youth's above)

Address: _____

City/Town: _____ Postal Code: _____

Second Parent Address if different from child/youth's above)

Address: _____

City/Town: _____ Postal Code: _____

Do you wish to receive regular communications through:

_____ Email OR _____ Postal Mail

Siblings:

Name: _____ D.O.B. _____ / _____ / _____
DD MM YY

Name: _____ D.O.B. _____ / _____ / _____
DD MM YY

Name: _____ D.O.B. _____ / _____ / _____
DD MM YY

Emergency Contact Info:

Please indicate a minimum of one emergency contact (other than parent or guardian of the registrant). DO NOT not indicate someone who has not agreed to this prior)

Name: _____ Relationship: _____
Last First

Telephone: _____ (H) _____ (W) _____ (C)

Consent

I _____ (parent/guardian) of _____
(please print) (please print)
acknowledge that to the best of my knowledge and ability, the information on this application is complete and correct.

Parent's / Guardian's Signature DD MM YY

Witness Name

Witness Signature DD MM YY

Thank you for your interest in our programs and completion of the form.
You will be contacted in the very near future by an Easter Seals staff .

Please forward completed form to:

Easter Seals NL
206 Mt. Scio Road
St. John's, NL
A1B 4L5

OR: info@eastersealsnl.ca OR: Fax: 754-1398

Revised: March 26, 2015 Picture



Photo Release

I _____ (Parent/Guardian) of
(please print)

_____ (Child) give Easter Seals Newfoundland &
(please print)

Labrador, permission to use any photos or video taken of my child at or for any youth program, event or activity with Easter Seals, Newfoundland & Labrador for promotional use and/or to access any additional funding for future Youth Programs.

Parent/Guardian Signature: _____

Date: ____/____/____

Revised: June 5, 2009
