

## Little Rascals Registration

Names of children:

\_\_\_\_\_ Age: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_ D.O.B: \_\_\_\_\_  
\_\_\_\_\_ Age: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Parent/Guardian information:

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_ Work hours \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

email \_\_\_\_\_

Employer \_\_\_\_\_ Work hours \_\_\_\_\_

Emergency Contact:

1) \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

2) \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Authorized to pick up child

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Permission to transport

I \_\_\_\_\_, give Little Rascals Summer Program permission to transport my child(ren) \_\_\_\_\_

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for field trips and other programs/activities. I understand that Little Rascals will notify me before any field trips. My child will be riding with a driver licensed and employed by the local bus company.

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Parent/Guardian signature    Date

## Emergency Medical Care Permission Form

In case of emergency, your child will be transported by the local ambulance to the Sharon Hospital Emergency Department.

In an event of an emergency, I give permission to the Little Rascals staff to release my child \_\_\_\_\_, to the local ambulance.

Doctor's name \_\_\_\_\_

Doctor's phone \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_

**Please fill one out for each of your children.**

## Sunscreen application permission

Name of Children

1) \_\_\_\_\_ 2) \_\_\_\_\_  
3) \_\_\_\_\_ 4) \_\_\_\_\_

### Sunscreen

Name of sunscreen \_\_\_\_\_

I \_\_\_\_\_ give the Little Rascals staff to administer the sunscreen listed above to my child(ren) on an as needed basis.

1) \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_ 1) \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_

### Insect Repellant

Name of insect repellent \_\_\_\_\_

I \_\_\_\_\_ give the Little Rascals staff permission to administer the insect repellent listed above to my child on an as needed basis.

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Parent/Guardian signature

Date