**University of Wisconsin Oshkosh Children’s Center**

**Summer Adventure Program Registration**
All information must be completely filled out and submitted before you child is registered.

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| **Child(ren’s) Information** |
| Name(Last, First) | Sex | Home Address(Street, City, State) | Zip Code | Telephone  |
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| **Parent or Guardian** |
| Relationship to Child | Name (Last, First) | Home Address (Street, City, State) | Zip Code | Home Phone | Cell Phone | Work Name & Address | Work Phone |
| Mother |  |  |  |  |  |  |  |
| Father |  |  |  |  |  |  |  |
| Guardian |  |  |  |  |  |  |  |

Please list your main email address to receive School-Age correspondence.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Parent’s Marital Status: \_\_\_Married \_\_\_Single \_\_\_Divorced \_\_\_Separated \_\_\_ Spouse Deceased
Note any custody arrangements or restrictions (Attach court order if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Emergency Contact (List information of person to contact when mother, father or guardian cannot be reached.)** |
| Relationship to Child | Name (Last, First) | Home Address (Street, City, State) | Zip Code | Home Phone | Cell Phone | Work Name & Address | Work Phone |
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| **Persons Authorized to Pick Up Child(ren)-Include Parents** |
| Relationship to Child | Name(Last, First) | Home Address (if not listed above) | Home Phone | Cell Phone | Work Name & Address (if not listed above) | Work Phone |
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Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Form 1 of 4