



**WINDSOR DISCOVERY CENTER
 INFANT & TODDLER PROGRAM
 MILO W. PECK CHILD DEVELOPMENT CENTER
 114 PALISADO AVENUE
 WINDSOR, CT 06095**

Registration Form

This form must be accompanied by a \$20.00 registration fee with a check made payable to the **Windsor Discovery Center**.

<u>Child's Information</u> <hr/> Name <hr/> Street Address <hr/> City, State, Zip <hr/> () _____ Telephone Birthdate <hr/> Pediatrician: _____ <hr/> Address Telephone <hr/> Emergency Authorization to pick up child: <hr/> Name Relationship <hr/> Address Telephone <hr/> Name Relationship <hr/> Address Telephone <hr/> Parent's E-Mail Address	<u>Mother's (guardian) Information</u> <hr/> Name <hr/> Street Address <hr/> City, State, Zip <hr/> Workplace <hr/> Workplace Address, City, State <hr/> Telephone + Ext. Mobile Telephone # <hr/> <u>Father's (guardian) Information</u> <hr/> Name <hr/> Street Address <hr/> City, State, Zip <hr/> Workplace <hr/> Workplace Address, City, State <hr/> Telephone + Ext. Mobile Telephone #
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Start date requested: _____

For Office Use Only
Date rec'd: _____ Check # _____

Parent's signature

Date

Windsor Discovery Center verification

Date

If you should have any questions concerning the Windsor Discovery Center Program Guidelines or registration procedures, please contact Anne Wakelin at 285-1400 x 1.

PERMISSION SLIPS

Child's Name: _____

I hereby give permission for my child to participate in field trips on foot as scheduled and posted by Windsor Discovery Center.

Parent's Signature: _____ Date: _____

I hereby give permission for the following person(s) to pick up my child from the Windsor Discovery Center:

Name	Address	Telephone
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Name	Address	Telephone
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**If someone other than the persons listed above and on the front will be picking up your child, send in a signed permission slip stating who will be picking up your child.*

Parent's Signature _____ Date _____

I hereby give permission for my child to receive transportation & emergency treatment at the closest hospital.

Parent's Signature _____ Date _____

I hereby give permission for my child to receive first aid treatment for minor injuries from Windsor Discovery Center staff. Written permission is required for the application of any topical ointments.

Parent's Signature _____ Date _____

I hereby give permission for the Windsor Discovery Center to release my child's name and address to the Windsor Public School System solely for enrollment planning purposes.

Parent's Signature _____ Date _____

I hereby consent that the Town of Windsor or any person authorized by the Town may use photographic, videotape images and/or voice recordings, and classroom work in which my child may be included in whole or in part for any purpose they find appropriate for the purposes of creating promotional material.

Parent's Signature _____ Date _____

I hereby give permission for my child's name, address, and telephone number to be included in the classroom list distributed to other Discovery Center parents.

Parent's Signature _____ Date _____