

Registration Form for Programming at The Orchard School and Community Center

114 Old Settlers Rd. - East Alstead, NH 03602

Please complete one form per child

Child's Name: _____ DOB: _____ Address: _____

Town: _____ State: _____ Zip Code: _____

Parent/Guardian: _____ Parent/Guardian: _____

Address: _____ Address: _____

Town: _____ Town: _____

State: _____ Zip Code: _____ State: _____ Zip Code: _____

Phone #: Home: _____ Phone #: Home: _____

Work: _____ Work: _____

Cell: _____ Cell: _____

Email: _____ Email: _____

Please indicate where parent/guardian can be reached while child is in program. Include name of business if applicable, address and phone number, plus special instructions:

Emergency Contact Person: Please list one person with whom you would feel comfortable leaving your child, and who could assume responsibility for your child if you could not be reached immediately in an emergency, or if for some reason you could not pick up your child and were unable to communicate with the program.

Name: _____

Relationship: _____

Address: _____

Phone: _____

Your (parent/guardian) signature: _____