Amount	
Receipt No	
Date	
Membership No.	
Expiration Date	

## FIDELITY HOUSE- MEMBERSHIP APPLICATION

PLEASE PRINT CLEARLY



For Office use only Membership card \_\_\_\_\_ Computer \_\_\_\_\_

Name MF	Date of Birth Age Grade
Address	TownZIP
School Home Phone()	Mom Cell #
Family email	Dad Cell #
Father's Name	Father's work No. ()
Place of Employment	
Mother's Name	
Place of Employment	Occupation
Emergency Name	Emer. Phone No. ()       Dr. Phone No()       Doctor's Name

Activities at Fidelity House are well organized and supervised by staff and Volunteers. As a parent or guardian, I hereby waive and release all rights and claims that I may have against Fidelity House, the staff and directors for damages, injury or personal property loss incurred by my child while participating in Fidelity House activities.

Date

Signature- parent/guardian

## EMERGENCY MEDICAL AUTHORIZATION

Any allergies/ medications taken by above named person or medical conditions that we should be aware of ?

In the event that I cannot be reached in an emergency, I hereby give my permission to the physician at the nearest hospital to hospitalize, secure proper treatment for and order injections or anesthesia for my child as named above.

Date

Signature - parent/guardian

FIHO PROGRAM ASSESSMENT- Information will help Fidelity House better serve the needs of our community.

1). 3 activities your child likes to do \_\_\_\_\_, \_\_\_\_, \_\_\_\_,

2). Program(s) you would like to see Fidelity House offer in future \_\_\_\_\_\_

3). Any child care/family needs that you are still looking to accommodate?

Please note- the Department of Early Education and Care guidelines are for our School Age Child Care Program & Preschool

/Prekindergarten Program and the above program is not part of their responsibilities.