

**WEST HARTFORD EXTENDED EXPERIENCE**

**REGISTRATION FORM**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Primary E-mail Address: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Physical Limitations/Allergies/Health Problems:

Resides with:  Both Parents  Father  Mother  Other \_\_\_\_\_

Parent One Name: \_\_\_\_\_ Parent Two Name: \_\_\_\_\_

Parent One Address: \_\_\_\_\_ Parent Two Address: \_\_\_\_\_

Parent One Employing Firm & Address: \_\_\_\_\_ Parent Two Employing Firm & Address: \_\_\_\_\_

Parent One Work Phone: \_\_\_\_\_ Parent Two Work Phone: \_\_\_\_\_

Work Hours: \_\_\_\_\_ Position: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Position: \_\_\_\_\_

Names and ages of other children in the family:

Name of persons, other than parent, authorized to pick up child:

1. \_\_\_\_\_ 2. \_\_\_\_\_

In case of emergency notify (OTHER THAN PARENTS):

1. Name \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
2. Name \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

Weekly Schedule  A.M. & P.M.  P.M. Only  
 A.M. Only  
 Early Open Option

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## PARENT QUESTIONNAIRE

1. WHAT ACTIVITIES DOES YOUR CHILD ENJOY?
  
2. WHAT ARE YOUR CHILD'S STRENGTHS?
  
3. ARE THERE ANY ISSUES OR CONCERNS REGARDING YOUR CHILD THAT THE STAFF NEEDS TO BE AWARE OF?
  
4. WHAT CAN WHEE DO TO PROVIDE THE MOST POSITIVE EXPERIENCE FOR YOUR CHILD?
  
5. HAS THERE BEEN ANYTHING IN THE PAST YEAR THAT APPEARED TO BE PAINFUL OR A NEGATIVE EXPERIENCE FOR YOUR CHILD? (Divorce, Death, Moving etc.)
  
6. DO YOU GIVE THE WHEE STAFF PERMISSION TO COMMUNICATE WITH SCHOOL STAFF WHEN THERE IS A CONCERN REGARDING YOUR CHILD?

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PARENT/GUARDIAN SIGNATURE

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DATE

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**PERMISSION FORMS**

**FIELD TRIP PERMISSION FORM**

I give my child \_\_\_\_\_ permission to participate in WHEE sponsored field trips and special events in the program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

.....  
**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

In the event of an emergency, I authorize my child \_\_\_\_\_ to be taken to \_\_\_\_\_ Hospital, under the care of Dr. \_\_\_\_\_.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

.....  
**EMERGENCY MEDICAL PERMISSION**

I authorize West Hartford Extended Experience staff to provide emergency medical care, if necessary, and to administer first-aid treatment (band-aids, etc.) for minor injuries to my child \_\_\_\_\_. To the best of my knowledge, my child **(does) / (does not)** have any know allergies to insect bites.

**(PLEASE CIRCLE ONE)**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

.....  
**PHOTOGRAPHY/VIDEO RECORD PERMISSION**

I authorize West Hartford Extended Experience, (WHEE) to photograph or video tape my child \_\_\_\_\_ for the purpose of display within the program.

Yes      No

Photographs of my child \_\_\_\_\_ may be posted on the WHEE-HA.COM website **(NO NAMES WILL BE USED)**.

Yes      No

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date