



WORKSHOP REGISTRATION

Please complete a form for each child participant.

VILLAGE:

PARENT/LEGAL GUARDIAN INFORMATION

Name of mother:

Name of father:

Phone number:

Phone number:

Alt. phone number:

Alt. phone number:

Email:

Email:

CHILD INFORMATION:

Name of child:

Date of birth (yyyy/mm/dd):

Gender (please circle): boy or girl

Please provide the information requested below in case of an emergency

Allergies (please list all allergies):

Emergency contact (if parent cannot be reached):

Relationship to child:

OTHER INFORMATION:

If another caregiver (other than the parents or legal guardian) will be attending workshops with the child, please provide the requested information below.

Name:

Name:

Relationship to the child:

Relationship to the child:

Phone number:

Phone number:

Alt. phone number:

Alt. phone number:

Email:

Email: