

ADVENTURELAND – ABA – MUST Register by July 18 ENROLLMENT REGISTRATION INFORMATION Childcare will be provided on-site at the DoubleTree by Adventureland Academy, 1015 Autumn RD, Little Rock, AR 72211		(Please include recent photo)	
Name of Child (Last, First, MI)			
Nickname	Age	Sex	Date of Birth
Child's Primary Language		Parent/Guardian's Primary Language	
Parent/Guardian #1 at Conference (Last, First)			
#1 Driver's License Number		Driver's License State	
#1 Email Address		#1 Cell Number	
Parent/Guardian #2 at Conference (Last, First)			
#2 Driver's License Number		Driver's License State	
#2 Email Address		#2 Cell Number	
Conference Hotel			
Signature of Parent(s) authorizing Adventureland-ABA to provide Child care during program scheduled times in conjunction with the ABA convention.			
EMERGENCY CONTACT AND RELEASE PERSONS Please notify us if the Emergency Release Person will pick up your child on a given day. For the safety of your child, we will request all authorized release persons to provide Government-issued photo identification at the time of pick-up. All persons below must be 18 or older.			
Name #1 (Last, First)			
#1 Relationship to Child		#1 Cell	#1 ALT Number
Name #2 (Last, First)			
#2 Relationship to Child		#2 Cell	#2 ALT Number
<i>The persons designated in this section will be contacted and are authorized to pick up my child if there is a medical or other emergency and I cannot be reached. Please notify emergency contacts that they must bring government-issued identification when they pick up your child.</i>			
MEDICAL INFORMATION			
Height	Weight	Hair Color	Eye Color
Distinguishing Marks			
1-Medications that will be administered at child care			
2-Special dietary needs			
3-Is your child able to walk?		Yes	No Explain
4-Can your child effectively communicate his or her needs?		Yes	No Explain
5-Is your child potty trained?		Yes	No
Please provide special instructions concerning any other illness, as necessary			
Allergies (please check all that apply)			
<input type="checkbox"/> Medications		Reactions	
<input type="checkbox"/> Food		Reactions	
<input type="checkbox"/> Other		Reactions	
Are any allergies severe of life threatening?		Yes	No If yes, please provide special instructions and doctor statements.
Date Submitted			