2016 FAMILY PLAY WEEK APPLICATION FORM

PLEASE PRINT CLEARLY

PARENT/GUARDIAN INFORMATION
First Name: ___________________________ Last Name: ___________________________
Street Address: ___________________________
Home Phone: ___________________________ Mobile Phone: ___________________________
City: ___________________________ Zip code: ___________________________
Email: ___________________________

*Relationship Type:
☐ Birth parent ☐ Step parent ☐ Grandparent/Great Grandparent ☐ Guardian
☐ Adoptive parent ☐ Foster parent ☐ Other relatives (aunt, uncle, sibling etc.)
*At least one legal parent/guardian must attend all scheduled play activities & field trips.

Ethnicity Background:
☐ American Indian/Alaskan Native ☐ Asian ☐ Black
☐ Native Hawaiian/Pacific Islander ☐ White ☐ Multi-racial
☐ Hispanic/Latino

Age Group:
☐ Under 20 ☐ 20-29 ☐ 30-39 ☐ 40-49 ☐ 50-59 ☐ 60+

Emergency Contact:
Name: ___________________________ Phone Number: ___________________________

Additional Questions:
Can you attend all 6 days of scheduled play activities & field trips? ☐Yes ☐No
Are you fluent in English? ☐Yes ☐No What is your preferred language? ___________________________
Do you have any allergies? ☐Yes ☐No If so, what type? ___________________________
Important needs or details about yourself: ____________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

CHILD INFORMATION
First Name: ___________________________ Last Name: ___________________________
Date of Birth: ____/_____/_______ Age: _______ Gender: ☐F ☐M

Important needs or details about your child:
_________________________________________________________________________________
_________________________________________________________________________________

First Name: ___________________________ Last Name: ___________________________

Important needs or details about your child:
_________________________________________________________________________________
_________________________________________________________________________________
**CHILD INFORMATION continued**

First Name: ___________________________ Last Name: ___________________________

Date of Birth: ____/____/_______ Age: ______ Gender: [ ] F [ ] M

Important needs or details about your child:

___________________________________________________________________________________

Do any of your children have allergies? [ ] Yes  [ ] No If so, which child and what type of allergies:

Child’s Name: ___________________________ Type of Allergy: ___________________________

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How did you find out about Family Play Week?

[ ] Flyer  [ ] Word of mouth/Friend/Relative  [ ] Partnering Organization  [ ] Social Media

**PHOTO RELEASE (for parents or guardians)**

I, ________________________________, give permission for my child(ren) and me to be photographed, but not identified during the Family Play Week. These photographs may be used for brochures, websites, news releases, or promotional advertising. I understand that any identified photography will require a separate consent form.

Signature of Parent/Guardian: ___________________________ Date: ____________

**APPLICATION DROP-OFF LOCATIONS**

First Teacher • 221 Blue Hill Avenue, Roxbury, MA 02119 • 617-238-7275 • rsvp@firstteacherboston.org

Dudley Square Branch Library • 65 Warren Street • Roxbury, MA 02119 • 617-442-6186