Learning on the Log
Where Social Skills Means Building Relationships

LOTL PROGRAM REGISTRATION
Learning on the LogeFax: 801.460.9414
Learning on the Log 9 Dunwoody Park Suite 133 Atlanta GA 30338
****All pages must be signed and dated before registration can be processed****

Today's Date ____ ____ ____

CONTACT INFORMATION				
Child's Last Name :	First Name:	DOB:	Age:	Sex:
Mom's Name:	Dad's Name:			
Mom's Cell:	Dad's Cell:	Home #:		
Address:	City:	St:	Zip:	
Mom's job:	Mom's work phone:			
Dad's job:	Dad's work phone:			
Mom's Email address: Dad's Email address: Add to newsletter list? Yes				
School your child attends: Could we come to your child's school and pass out fliers? Yes School Contact person:				
How did you hear about us (please specify):				
IN CASE OF EMERGENCY (in the case that parents cannot be reached) Name: _____ **Cell#:** _____**Home #:** _____ **Relationship to child:** _____				

Payment Information—REQUIRED TO BE FILLED OUT EVEN IF PAYING BY CHECK

Credit card type (VISA/MC Visa Credit Card # _____Exp: _____

Name on Card: _____ Signature: _____

Billing address (if different from above): _____

Payment: _____ credit card _____ check _____ Payment plan (total due charged monthly)

_____ ***I would like to donate $_____ towards Learning on the Log's Capital Campaign (optional)***

Ways to donate: PayPal, Check, Mutual Funds, In-Kind donations, one-time or monthly or annual, scholarships for those who cannot afford full tuition, apparel sponsorship, facility donor, matching donor opportunities, host a fundraiser with your friends and family, send donor letters to friends and family.

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I understand I am expected to pick my child up ON TIME, to the best of my abilities. There is a 10 minute grace period for pickup, but if more than 10 minutes late; I will be charged $5 per minute. I understand that I will be billed for late fees and agree to pay in full any and all late charges. I agree to pay in full for all sessions I commit to and understand that I will receive no refunds or credits for missed days throughout a session. ***My typed signature will be as binding as my written signature.***

Parent Signature: _____ Date: _____

There are no refunds or credits for missed days **Parent's initials:** _____

MEDICAL INFORMATION for (child's name): _____

Diagnosis (if any): _____

Allergies (if any): _____

Does your child have an EpiPen for any allergies? _____ **(please give to senior staff)**

Medications (dosage & frequency): _____

Will your child need to take any medication while in our care? _____ **(please give to senior staff)**

AUTHORIZATION FOR MEDICAL TREATMENT Parent's initials: _____

Should the need for medical attention arise, and in the case that you are unavailable as parent(s), the Learning on the Log staff will arrange and authorize medical treatment as necessary for your child named: _____. Learning on the Log staff will use the nearest available hospital. If the need for specialized treatment/consultation is required, your preference is as follows:
Physician Name/Medical Group: _____Address: _____

_____Phone:_____

Anyone who provides medical care for your child should be aware of the following (Please list any existing medical conditions or known allergies):
_____

if your child becomes ill while at Learning on the Log, you will be contacted and asked to take your child home. In the event that we cannot reach you (or your significant other) the people you have listed as emergency contacts on your program registration form will be called. If your child has a runny nose (not related to allergies), a cough, a skin rash, conjunctivitis (pink eye) or diarrhea please do NOT bring him/her to our Programs. We do not want to further compromise the health of your child or jeopardize the health of the other children. If your child is being kept home because of illness, please advise us that he/she will not be attending, and state the nature of the illness.

Please tell us a little about your child:

_____

_____

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AUTHORIZATION FOR PHOTOGRAPHY AND VIDEO **Parent's initials _____**

I, the legal guardian or parent of the child named on page 1 of this registration form, **WILL** give Learning on the Log permission to photograph and video tape my child during any and all activities. I further authorize the use of those pictures and video of my child to be used for both commercial and training use as Learning on the Log sees fit.

AUTHORIZATION FOR PARTICIPATION IN Learning on the Log **Parent's initials _____**

My child, as named on page 1 of this registration form, has my permission to participate in all Program activities, which include, but are not limited to, art & music, dance & movement, Floortime & social games, gross & fine motor activities, hiking, low ropes work, playground activities, outdoor activities course, rock climbing, sensory based activities, swimming, karate, high ropes work, canoeing and rafting, gymnastics.

RELEASE WAIVER AND CONSENT **Parent's initials _____**

I am the parent/legal guardian of the child, as named on page 1 of this registration form, who is, with my permission, a "Participant" in the Learning on the Log Programs, sponsored by Learning on the Log. In the event that I am not immediately available, should the Participant suffer a serious or life-threatening injury for which emergency medical treatment may be necessary, I hereby authorize an appropriate adult staff member, designated by the directors of Learning on the Log to engage qualified medical personnel to initiate any necessary medical treatment or care. In the event of such an injury, it is understood that Learning on the Log will use all reasonable efforts to notify me (or the emergency contact list on my child's application), where practical, prior to initiating medical treatment for any such injury to the Participant. Should neither party be available, an appropriate staff person will contact appropriate medical personnel to initiate the necessary medical treatment, and I hereby give permission to any such physician or other medical personnel to provide such medical treatment such individual deems medically appropriate. I agree that medical treatment for any other type of injury may be coordinated by the Learning on the Log in consultation with appropriate medical personnel.
I understand and agree that I am responsible for all medical care expenses incurred to treat the Participant's injuries including, without limitation, physician, hospital, lab, drug and device expenses. The following policies or coverage are available to cover the cost of medical care to treat any injury incurred by the Participant:

INSURANCE COMPANY: _____ POLICY #: _____

My child has my permission to be transported by van and or by car or to walk, under supervision with Learning on the Log staff, to any Learning on the Log sanctioned Program, activity, and/or facilities.On behalf of the Participant, the Participant's parents, and/or legal guardians, I hereby give approval of the above-named Participant's participation in any and all programs and activities sponsored by the Learning on the Log programs and do hereby waive, release, absolve, forever discharge, and agree to hold harmless the organizers, supervisors, participants, and persons involved in the operation, organization, sponsorship, supervision or participation of these activities and programs, including without limitation, the staff and directors of Learning on the Log Programs, Learning on the Log for, from, and against any claim or cause of action of any nature whatsoever that may be available to the Participant or his/her parents and/or legal guardians, arising out of any injury, accident or illness to the Participant, arising in any way out of the connection with the Participant's participation in such programs and activities.I will not hold Learning on the Log or any other participating person/agency responsible in the event of an accident/injury that occurs/is incurred to my child or me in the course of participation in Learning on the Log activities.

I understand that Learning on the Log reserves the right to discharge any individual from a program as the company deems appropriate.

The information contained in this registration form is true to the best of my knowledge. *My typed signature will be as binding as my written signature.*

Parent Signature: _____ Date: _____

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