

The BEARS Den
Building Enthusiastic And Resilient Students
College & Career Readiness Program
Registration Form

CONTACT INFORMATION

Child's Name: _____

Gender: _____ Age: _____

Parent/Guardian's Name: _____

Address: _____

Tel. Number: _____ Email Address: _____

Emergency Contact & Relation: _____

Emergency Contact Number: _____

MEDICAL INFORMATION

Are there any medical concerns that we should be aware of in order that we may assist your child? ☐ Yes ☐ No

If yes, please specify: _____

Any Allergies? (Food, Drugs, Insects etc.) ☐ Yes ☐ No

If yes, please specify: _____

TRANSPORTATION

How will your child be dismissed? ☐ Walker ☐ Car Rider ☐ Picked Up

T-SHIRTS

Please indicate your child's t-shirt size. (*Please note, these are adult sizes.*)

☐ XS ☐ S ☐ M ☐ L ☐ XL ☐ XXL