



323 S. 5th Avenue Sturgeon Bay, WI 54235
 920/559-6217 ~ pathsbmc@charterinternet.com
 Website: www.sturgeonbaymoravian.org and click on P.A.T.H.

**P.A.T.H. Care
 Application to Attend**

This form is to be completed **after** you've registered for P.A.T.H. Care. If you have not completed a P.A.T.H. Care Initial Registration Form please do so before applying to attend.

P.A.T.H. Care Dates: P.A.T.H. Care is held on the first Saturday of each month (except for April 2010). Date you wish to attend: _____

Participant's Name: _____ Age: _____

I give permission for my child/ward to participate in P.A.T.H. Care. I understand that I must attend an orientation meeting prior to my child/ward attending this program. I also understand that my child/ward will be required to follow basic safety guidelines given to me at the time I initially registered my child/ward for P.A.T.H. Care. If my child/ward does not follow the necessary guidelines he/she will be dismissed from the program.

X _____ X _____

Please attach your \$10 check made out to P.A.T.H. to this application. Thank you.

Complete the following only if something has changed since you initially registered for P.A.T.H. Care.

Mother's Name: _____ Home Phone: _____ Cell : _____

Father's Name: _____ Home Phone: _____ Cell: _____

EMERGENCY CONTACTS: In an **Emergency** situation when we cannot reach you, please list three people who have agree to take responsibility for your child and have consented to the release of their address and phone number so we may reach them as an alternative. Please list them in the order in which you would like us to call.

1st Contact Name: _____ **Relationship to child:** _____

Day Phone: _____ **Cell Phone:** _____

Address: _____

2nd Contact Name: _____ **Relationship to child:** _____

Day Phone: _____ **Cell Phone:** _____

Address: _____

3rd Contact Name: _____ **Relationship to child:** _____

Day Phone: _____ **Cell Phone:** _____

Address: _____

Specific notes regarding this month's participation: _____ _____ _____ _____
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