



## Participant Registration Form



Thank you for your interest in Kaleidoscope Play & Learn! Please help us learn a little more about you and your interests. You are not required to complete this form or to provide any information which you do not want to share, but this information will help us know a bit more about you. We will not share this information with anyone.

Today's Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Child's name (first name is okay)	Child's Birthdate	Your relationship to the child

1. Any allergies we should be aware of?



Race/Ethnicity of all participating adults – please check all that apply

Mother/Guardian	Father/Guardian
<b>Ethnicity</b>	<b>Ethnicity</b>
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino
<input type="checkbox"/> Prefer not to respond	<input type="checkbox"/> Prefer not to respond
<b>Race</b>	<b>Race</b>
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Asian	<input type="checkbox"/> Asian
<input type="checkbox"/> White	<input type="checkbox"/> White
<input type="checkbox"/> Multiracial or Mixed Race	<input type="checkbox"/> Multiracial or Mixed Race
<input type="checkbox"/> Other	<input type="checkbox"/> Other
<input type="checkbox"/> Prefer not to respond	<input type="checkbox"/> Prefer not to respond

Other
<b>Ethnicity</b>
<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Not Hispanic or Latino
<b>Race</b>
<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Asian
<input type="checkbox"/> White
<input type="checkbox"/> Multiracial or Mixed Race
<input type="checkbox"/> Other
<input type="checkbox"/> Prefer not to respond



The undersigned hereby consents to the taking and reproduction of still photography and video recording of:

Child's/Children's Name(s) \_\_\_\_\_

Adult's Name \_\_\_\_\_

And authorizes Smart Start of Brunswick County to use such photographs and video recordings together with and information concerning the signatory for publicity purposes.

Signature \_\_\_\_\_

Relationship \_\_\_\_\_

Witnessed by \_\_\_\_\_

Permission Granted Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, subject to following conditions:

\_\_\_\_\_  
\_\_\_\_\_

Consent forms are kept on file by Smart Start of Brunswick County and are valid for a period of five years. Withdrawal of permission must be sent in writing to:

Smart Start of Brunswick County – 5140 Sellers St., Shallotte, NC 28470

The following is for office use only and is not to be released in any publication or other form of media unless specific permission is granted by the signatory for the release of such information.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Thank you! We're glad you're here!**