



Program Registration Form

Child's Name: _____ Age: _____ D.O.B. _____

Emergency Number: _____

PROGRAM SELECTION:

Program _____ Day/Time _____ Fee _____

Program _____ Day/Time _____ Fee _____

Program _____ Day/Time _____ Fee _____

PAYMENT CHOICE

Please make Check payable to: The Pilot House

Credit Card Type (**circle**): Mastercard Visa Amex Discover Total Payment _____

Card # _____ Expiration Date:: _____

Card Security # _____ (Last three digits located on the back of card or for Amex 4 digits located on the front)

I hereby certify the minor is my son/daughter and that his/her date of birth is noted above and I do hereby certify that to the best of my knowledge and belief said minor is in good health. I understand the policies as stated on this form/registration. I understand the risks to my child in participating in activities, particularly physical activity. I take responsibility for these risks and agree to indemnify and hold harmless TPH and its officers, the Town of Fairfield, and the staff in the event my child sustains an injury. In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs. I hereby advise that the above named minor has had the following allergies, medicine reactions or unusual physical conditions which should be made known to a treating physician.

Please list medical condition/allergies: _____

Due to limited class size, program fees are non-refundable

Photos will be taken during programs for use of scrapbooks, social story books, grant applications, and slide shows for presentations. In the event that you **do not** want photos to be taken, please initial. _____

Name of Parent / Guardian (**Please Print**) _____

Signature: _____ Date: _____

Please send and make checks payable to:

The Pilot House
240 Colony Street
Fairfield, CT 06824