



Master Gardeners of Cape Cod Lower Cape Children's Garden Application

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CHILD'S INFORMATION

First Name: _____ Last Name: _____
Gender: M F Age: _____ DOB: _____
Mailing Address: _____
Physical Address: _____
Town: _____ State: _____ Zip Code: _____ + _____
Telephone: _____ Email: _____
School Attending: _____
Current Grade in School: _____ School Dismissal Time: _____
School Ending Date: _____

PARENT/GUARDIAN INFORMATION

Name of Legal Guardian #1: _____ Relationship: _____
Phone Numbers: Home: _____ Work: _____ Mobile: _____
Name of Legal Guardian #2: _____ Relationship: _____
Phone Numbers: Home: _____ Work: _____ Mobile: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Phone: _____
Name: _____ Phone: _____

Child has permission to be used in public relation materials (picture/name in newspaper, newsletter, and/or any other promotional materials) Yes No

EMERGENCY MEDICAL INFORMATION

Doctor's Name: _____ Telephone: _____
Permission for treatment by doctor/hospital: Yes No
Does parent/guardian and child have health insurance? Yes No
Insurance Carrier: _____ Group #: _____ Policy #: _____
Special Needs/Health Issues: Yes No If yes, please explain: _____

Bee Sting Allergy: Yes No Unknown Date of Last Tetanus Shot: _____

Medications: Yes No If yes, please explain: _____

Allergies: Yes No If yes, please explain: _____

Signature of Parent/Guardian

Date