

**BRISTOL COMMUNITY COLLEGE
KIDS COLLEGE PROGRAM
EMERGENCY CONTACT FORM**

***FORM MUST BE RECEIVED WITH REGISTRATION FORM OR CHILD WILL NOT BE REGISTERED FOR THE CLASS ***

Please PRINT:

Name of Child: _____ Child's Soc. Sec. # _____

Date for Birth: _____

Primary Emergency Contact: _____

Address: _____

Primary Contact's Telephone Number: (home) _____ Relationship: _____
(work) _____
(cell) _____

Please list below the names and telephone numbers of two alternate contacts

1. Name: _____

Address _____

Telephone Number: _____ Relationship: _____

2. Name: _____

Address _____

Telephone Number: _____ Relationship: _____

Are there any health conditions (e.g., allergies, chronic conditions, ADHD, etc.) or special circumstances (e.g., religious convictions or legal arrangements) which may affect program participation or that we ought to be aware of prior to emergency treatment?

NO

YES (If yes, please explain, listing current medication):

Signature of Parent/Legal Guardian _____ Date _____

Please list course(s) child is currently registered for:

CRN #s	Course Titles

Please return completed form to:

**Bristol Community College
Kids College
777 Elsbree Street
Fall River, MA 02720**

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