



CATHOLIC FAMILY SERVICES REGINA

Group Registration Form – Circle of Security

Date: _____

Name of participant #1: _____ Date Of Birth: _____

Name of participant #2: _____ Date of Birth: _____

Child(ren)'s Name:	Date of Birth:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Home Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

WHY DO YOU WANT TO ATTEND?

MEDICAL INFORMATION

Are there any medical conditions (including allergies) that we should be aware of? Please list:

If yes, what action should be taken in case of a medical incident?

IN CASE OF EMERGENCY

Name of emergency contact: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____