



LEAP Program Registration
SHED Kid's Club – 65 Phillips St – Andover, MA 01810 – (978)623-8462

*Please indicate which course(s) you will be signing your child up for as well as the date(s).

Child's Name _____ Date of Birth _____ Age at LEAP start: _____

Home Address _____ City _____ State _____ Zip _____ Home # _____

Parent/GuardianName _____ //Parent/GuardianName _____

Work Place _____ //Work Place _____

Work # _____ Ext _____ //Work # _____ Ext _____

Cell Phone # _____ // Cell Phone # _____

Email: _____ // Email: _____

* **Allergies?** Yes/No: To what? _____ Reactions _____

* Treatment for reaction _____ **Initial to give permission to treat** _____

* Are there any activities your child should not take part in? If so, please explain. _____

* Is there anything else we should know about in caring for your child? _____

***** Please initial below to give permission:**

_____ Walks around the campus and surrounding AVIS Trails

_____ Pictures taken and used for display at SHED Inc.

_____ Pictures taken to be used for SHED Inc. advertisement, newspaper, Andover Patch, the SHED Inc. webpage & the SHED Inc. facebook page

***How did you hear about LEAP? _____

Parent/Guardian Signature _____ Date _____

