



## FDL CLOQUET COMMUNITY CENTER 2022 ANNUAL INFORMATION FORM

Parent/self: \_\_\_\_\_ Spouse/partner: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

### ENROLLMENT

Check Which Applies to Self:

Check Which Applies: Spouse/partner

FDL Enrollee \_\_\_\_\_ Parent Enrolled \_\_\_\_\_

FDL Enrollee \_\_\_\_\_ Parent Enrolled \_\_\_\_\_

FDL Employee \_\_\_\_\_ Other Tribe \_\_\_\_\_

FDL Employee \_\_\_\_\_ Other \_\_\_\_\_

### CHILDREN (If Applicable)

Child's Name	Date of Birth	Age	Grade / School Attends	FDL Enrolled (Y/N)
1.				
2.				
3.				
4.				
5.				
6.				

### EMERGENCY CONTACTS – Please print clearly

CONTACT NAME	CONTACT PHONE NUMBER(S)	CONTACT ADDRESS
1.		
2.		

### MEDICAL CONDITON OR ALLERGIES SELF/CHILD – Please Print clearly

NAME	CONDITION/ ALLERGY
1.	
2.	
3.	

Is anyone allowed to pick up your children? If yes, please print clearly below; **OR CHECK:** No one allowed \_\_\_\_\_

Please list who is Authorized to pick up my child/children	PHONE NUMBER
1.	
2.	

**Picture/Video Release:** The Cloquet Community Center at times will photograph/ video activities.

Yes \_\_\_\_\_ The Cloquet Community Center has permission to photograph/ video my children listed or myself.

No \_\_\_\_\_ The Cloquet Community Center does not have permission to photograph/ video my children listed or myself.

**\*I release the Fond du Lac Band of Lake Superior Chippewa and the Cloquet Community Center and any volunteers from liability for any accident or injury that may occur during myself/my children(s) or spouse's participation at this facility.**

SELF/PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SPECIAL INSTRUCTIONS FOR YOUR CHILD/ CHILDREN? PLEASE PRINT CLEARLY.