

**Registration Form for MFST Fall 2020 Program:  
(Please fill out and return for each child attending the program)**

**Program:**  Little Miracles (2-3 yr olds)     Miracle Muckers (4-5 yr olds)  
 Runamuckers (6-8 yr olds)

**Program Location:**     Rowley, MA                       Hampton Falls, NH

**Child's Name:** \_\_\_\_\_

**Child's Date of Birth:** \_\_\_\_\_    **Grade:** \_\_\_\_\_

**Parent/s or Guardian Name:** \_\_\_\_\_

**Insurance Subscriber Name:** \_\_\_\_\_

**Insurance Subscriber Date of Birth:** \_\_\_\_\_

**Insurance Company Name:** \_\_\_\_\_

**Insurance Member ID #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

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**Emergency Contact:** \_\_\_\_\_    **Phone:** \_\_\_\_\_

**School:** \_\_\_\_\_

**What is the most important thing for your child to gain from the Program?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**What is your child's diagnosis or area that they are working on?**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does your child have any allergies, sensitivities, or other conditions or behaviors that we should be aware of?**  
\_\_\_\_\_  
\_\_\_\_\_

**Other comments:** \_\_\_\_\_