

# CLIMB Registration

Date (s) of program: \_\_\_\_\_

Children and Teens must be in 1<sup>st</sup> through 12<sup>th</sup> grade.

**Registration is required.**

**Three ways to register:**

- Call: 505.857.8460
- Fax 505.857.8455
- E-mail: [Alexandriat@nmohc.com](mailto:Alexandriat@nmohc.com)

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Best time you can be reached: \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Family Member with Cancer

Mother  Father  Grandparent

Sister  Brother

Other, who? \_\_\_\_\_

Date family member was diagnosed with cancer: \_\_\_\_\_

What was the dx? \_\_\_\_\_ What is the treatment? \_\_\_\_\_

Where are they being treated? \_\_\_\_\_

Has your child attended CLIMB in the past? Yes \_\_\_ No \_\_\_

If yes, when: \_\_\_\_\_

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

Grade in School: \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex \_\_\_\_\_

Special information we should know:

\_\_\_\_\_

Allergies or medical problems:

\_\_\_\_\_

\_\_\_\_\_

Upon registration receipt you will be contacted for a brief parent/guardian interview prior to attendance of the program.

