

**Fort Robinson Fun Day Registration – June 8<sup>th</sup>, 2024**

**Drop Off at 12:30 p.m. – Pick up at 4:00 p.m.**

*Return form to Sherri Blome, WCHR, 300 Shelton Street, Chadron NE 69337 or email to [sherri.blome@wchr.net](mailto:sherri.blome@wchr.net)*

**Parent/Caregiver Information**

**Name:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

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

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

**Participant Information (to participate you must be a child with special needs or an adult with an intellectual or developmental disability or the sibling of a child with special needs)**

**1<sup>st</sup> Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Is this individually currently participating in a respite program?** \_\_\_\_\_

**If they are, which program?** \_\_\_\_\_

**Please list any special needs we should be aware of:** \_\_\_\_\_

**2<sup>nd</sup> Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Is this individually currently participating in a respite program?** \_\_\_\_\_

**If they are, which program?** \_\_\_\_\_

**Please list any special needs we should be aware of:** \_\_\_\_\_

**3<sup>rd</sup> Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Is this individually currently participating in a respite program?** \_\_\_\_\_

**If they are, which program?** \_\_\_\_\_

**Please list any special needs we should be aware of:** \_\_\_\_\_

I give permission for each of my children attending to participate in the activities being sponsored at Fort Robinson. These include the Jeep Ride, Trail Ride and Crafts

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you need to register additional children, please complete another form.