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**Registration Form – Safety Skills Classes**

Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Parent's E-mail Address: \_\_\_\_\_

**Parent/Guardian with legal custody to be contacted in case of illness or injury**

Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Relationship to Individual: \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_

Work Phone # \_\_\_\_\_

**Medical Insurance Information**

The individual is covered by family medical/hospital insurance [ ] Yes [ ] No

Include a copy of your insurance card; copy both sides of the card so information is readable.

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Subscriber \_\_\_\_\_ Insurance Company Phone # \_\_\_\_\_

Health Care Providers: Name of Individual's primary doctor(s) \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

FOOD ALLERGIES: \_\_\_\_\_

**Method of Payment (Checks payable to: South Shore Support Services)**

<i>Safety Skill Classes</i>	<i>Date of Classes/ Time</i>	<i>Cost</i>	<i>Please check off each class you will be attending</i>
MBTA Class	May 13 at 1:00PM -2:45P	FREE	
First Aid and CPR Class	June 3 <sup>rd</sup> at 4:30PM -7:30PM	FREE	
Community Safety	June 17 <sup>th</sup> at 4:30PM -8:30PM	\$20.00	
A Presentation by Emergency Personnel	June 24 <sup>th</sup> at 4:30PM -7:30PM	FREE	

Enclosed payment? \_\_\_ Yes \_\_\_ No Total cost: \$ \_\_\_\_\_

REGISTRATION CANNOT BE PROCESSED WITHOUT PAYMENT

You will not be registered until full payment is received. For payment plan information, please contact the Director of Family Support.

REFUNDS/CANCELLATIONS: You must notify the Director of Family Support at least two (2) days in advance of your cancellation in order to receive a refund.