



**Fordham Bedford Children's Services**  
**HEISKELL ENTERPRISE CENTER FOR TECHNOLOGY**  
Computer Lab Registration Form

**Adult's Profile**

**Lab User ID:** \_\_\_\_\_ (for computer Lab use only)  
**First Name:** \_\_\_\_\_  
**Last Name:** \_\_\_\_\_  
**Date of Birth :** \_\_\_\_\_  
**Gender:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Apt.:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**School Name :** \_\_\_\_\_

**Emergency Contacts**

<b>Name:</b> _____	<b>Name :</b> _____
<b>Relationship:</b> _____	<b>Relationship:</b> _____
<b>Phone/Cellular:</b> _____	<b>Phone/Cellular:</b> _____
<b>Job Phone Number:</b> _____	<b>Job Phone Number:</b> _____

Do you or your child have any illnesses or conditions we should be aware of in the event of an emergency (asthma, seizures, etc.)? \_\_\_\_\_ if yes, please, explain below

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