



**FOR OFFICE USE ONLY**  
 Non-Refundable Registration Fee: **\$10 per child**  
 Receipt # \_\_\_\_\_  
 Starting Date: \_\_\_\_\_  
 Received By: \_\_\_\_\_

## REGISTRATION FORM *(please type or print all information)*

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex (circle) M F

Teacher's Name \_\_\_\_\_ School \_\_\_\_\_ Grade (circle) Pre-K K 1 2 3 4 5

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_  
*(or guardian)*

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_  
*(or guardian)*

Child Lives With \_\_\_\_\_

**Does your child have a medical condition or any known allergies?** \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please indicate the type of medical condition and/or allergy and give instructions for action to be taken by the program in case of emergency until parent can be contacted. This program is designed for students who are able to participate independently in age-appropriate activities within a 1:18 teacher/student ratio. Failure to disclose any information affecting your child's participation in group activities may result in his/her dismissal from the program.

\_\_\_\_\_

\_\_\_\_\_

**In case of emergency call:** *(other than parents or guardian)*

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Clinic or Physician \_\_\_\_\_ Phone \_\_\_\_\_

**Special Instructions:** If regular school or the Program dismisses early because of weather conditions or any other emergency, the student should

Go home on Bus # \_\_\_\_\_

Ride or walk home with persons authorized below

**Authorized Pick-Up:** Please list the person(s) authorized to sign your child out from ASAP:

\_\_\_\_\_  
 Name Phone #

\_\_\_\_\_  
 Name Phone #

\_\_\_\_\_  
 Name Phone #

\_\_\_\_\_  
 Name Phone #

\_\_\_\_\_  
 Name Phone #

\_\_\_\_\_  
 Name Phone #

\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**