

STUDENT NAME _____

Teacher Name/Grade _____

A separate form must be completed and submitted for each child.

(if known)

PALMYRA AFTER SCHOOL CHILD CARE REGISTRATION FORM

All information requested on this form is **REQUIRED & must be completed in order to register.**
The form will be returned & your child will not be able to attend until all requested information is provided.

2018|19 school year

Student Date of Birth _____

Gender F M

(circle one)

PARENT(S) OR GUARDIAN(S) WITH WHOM THE CHILD RESIDES (Please PRINT Clearly)

Parent|Guardian #1 Name _____

Address _____

Mobile Phone # () - _____

WorkPlace Phone # () - _____
(During program hours)

Mother

Father

Guardian

(circle one)

Parent|Guardian #2 Name _____

Address _____

Mobile Phone # () - _____

WorkPlace Phone # () - _____
(During program hours)

Mother

Father

Guardian

(circle one)

Medical Information

If Applicable

Last Physical

____ / ____ / ____
Month Day Year

Check (X) if applicable

- ___ Heart Condition
- ___ Convulsions
- ___ Asthma
- ___ Vision Problems
- ___ Speech
- ___ Hearing
- ___ Bee Sting Allergy
- ___ Emotional | Behavioral
- ___ Food Allergy

Other _____

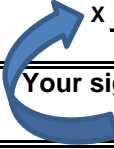
MANDATORY

EMAIL ADDRESS

Home Phone # () - _____

What time do you anticipate your child will be picked up _____

Signature _____ X

 Your signature on this registration form means that you have received & read the information contained in the welcome packet & agree to abide by its contents.

EMERGENCY CONTACT/PICKUP - Families MUST provide at least TWO (2)

reliable contacts (other than parent/guardian) and their telephone numbers where they can be reached during program hours and who are authorized to take custody of your child if

Name _____ Relationship _____

Day Time Phone # () - _____

Name _____ Relationship _____

Day Time Phone # () - _____

Name _____ Relationship _____

Day Time Phone # () - _____

OFFICE USE ONLY

Registration Fee pd _____

Family Registration fee is \$30.00

noted in onCourse _____

email sent to ofc/teacher _____

copy to program director _____

copy to business office _____