

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)

Home Phone # () - _____

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

Signature _____ X

Medical Information

If Applicable

Last Physical

/ /

Month Day Year

Check (X) if applicable

Heart Condition

Convulsions

Asthma

Vision Problems

Speech

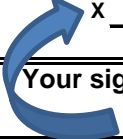
Hearing

Bee Sting Allergy

Emotional | Behavioral

Food Allergy

Other _____



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 parent/guardian is not available.

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

copy to program director _____

copy to business office _____