

**MIDDLE SCHOOL EXTENDED LEARNING
AFTER SCHOOL PROGRAM
REGISTRATION FORM**

Student's Name: _____ School: _____

Grade: _____ Age: _____ Social Security #: _____

Address: _____ City & Zip: _____ Home Phone: _____

Child lives with: Mother _____ Father _____ Both _____ Other _____

Name: _____ Relationship: _____

Mother's Name: _____ Home Phone: _____

Employer: _____ Work Phone: _____

Has custody of child? Yes _____ No _____ May pick up child? Yes _____ No _____

Father's Name: _____ Home Phone: _____

Employer: _____ Work Phone: _____

Has custody of child? Yes _____ No _____ May pick up child? Yes _____ No _____

Emergency Contacts (If parent cannot be reached).

Name: _____ Phone: _____

Name: _____ Phone: _____

Physician: _____ Phone: _____

Which of the following applies? Car Rider _____ Bus Rider _____ Walker _____

My child may be picked up by the following: (MUST BE 16 YEARS OR OLDER)

Name: _____ Phone: _____

Name: _____ Phone: _____

Special instructions (medical, familial or behavioral consideration), please be specific.

If your child is taking medication that needs to be administered, give specific instructions.

I give my permission for the instructor to administer the medication described above.

Parent/Guardian Signature

My child is covered by medical insurance and I will assume liability for accidents and injuries incurred during the After School Program. In the event of an emergency, I authorize permission to seek immediate medical attention for my child.

Parent/Guardian Signature

Date

I understand that my child must attend the program on a regular basis.

Parent/Guardian Signature

Date

Please submit this registration form to your child's school office.