

STUDENT REGISTRATION FORM

Student Information

Student Name: _____ Date of Birth: _____

Mailing Address: _____ City, State: _____ Zip: _____

Home Phone: _____ Primary Language(s) Spoken at Home: _____

Grade: _____ Homeroom Teacher: _____

Parent Information

Mother/Guardian Name: _____

Mailing Address: _____ City, State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Preferred way to be contacted? _____

Father/Other Guardian Name: _____

Mailing Address: _____ City, State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Preferred way to be contacted? _____

Other children participating in the program:

Child name: _____ Grade: _____

Child name: _____ Grade: _____

Child name: _____ Grade: _____

What days of the week will your child attend?

Monday Tuesday Wednesday Thursday Friday

How will your child get home from the program?

Bus Walk (at what time? _____) Parent pick up Other: _____

Adults authorized to pick up your student:

Name: _____ Phone: _____

Name: _____ Phone: _____

Emergency contacts (if parents can not be reached):

Name: _____ Phone: _____

Name: _____ Phone: _____

Do you give permission for the program to share student information with school staff?

___ Yes ___ No

Please let us know if your child has any physical limitations and/or food allergies:

I have received a copy of the program handbook and agree to the program policies.

Signature of Parent or Guardian

Date