

Student

Student #  Home School:

Child's Name: Last  First

Homeroom Classroom Teacher's Name:  D/O/B:  Hair Color:

Age:  Sex:  Height:  Weight:  Eye Color:

Race  White  Black  Hispanic  Native American  Multiracial  Asian  Other

Child Lives with:  Both Parents  Mother  Father  Guardian  Other

LIST ALL SIBLINGS ATTENDING PROGRAM AT THIS TIME:

Registering Parent

Are you a Broward County School Employee?  Yes  No

Parent/Guardian 1:

Address:

HomePhone

Cell Phone

Cell Phone Provider

Work

Other Parent

Parent/Guardian 2:

Address:

HomePhone

Cell Phone

Cell Phone Provider

Work

Email Address:

Can your child be photographed?  Yes  No

How does your child get home after the club is finished?  If other,

If the club is cancelled for a day, how does your child get home?  If other,

Medical Conditions

Family Doctor:  Doctor Phone#:

*Important medical concerns we should be aware of (conditions, medications, health history, etc.):*

Does your child have any medical concerns?  Yes  No If Yes,

Does your child have allergies?  Yes  No If Yes,

Does your child take any medications?  Yes  No If Yes, What  Where?

Does your child have any special concerns we need to be aware of?  Yes  No If Yes,

Does your child have any special needs we should be aware of?  Yes  No If Yes,

Does your child receive any special services during the school day?  Yes  No If Yes,

Authorized Release Contact

Name	Relationship	Home Phone	Work or Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I declare this information to be true and correct. I will notify the Supervisor immediately of any changes.

Signature  Print Name  Relationship to child  Date

I would like to enroll the child above, \_\_\_\_\_ into the following club(s):

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

I would also like to enroll my other child, \_\_\_\_\_ into the following club(s):

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Amount Due: \_\_\_\_\_ Paid By: Check # \_\_\_\_\_ CC Confirmation \_\_\_\_\_