

## MIAMI-DADE COUNTY PUBLIC SCHOOLS REGISTRATION FORM: BEFORE/AFTER SCHOOL PROGRAMS – PRE-K

PORIC SCHOOLS	<b>-</b>	SCHOOL YEAR					
NAME OF SCHOOL:	LOCATION NUMBER:						
STUDENT NAME:	FIRST	REGISTRATION D	ATE:				
STUDENT ID #:	AGE:	GRADE:	GENDER: <b>M</b>	F			
BIRTHDATE:ETHNIC	CODE: WBHIA	м TEACHER:					
MOTHER'S NAME:	LAST		FIRST				
HOME ADDRESS:	3	CITY	STATE	ZIP CODE			
HOME PHONE:		RK PHONE:					
CELL PHONE:	E-MAIL	ADDRESS:					
FATHER'S NAME:	LACT		FIRST				
HOME ADDRESS:		CITY		ZIP CODE			
HOME PHONE:		RK PHONE:					
CELL PHONE:	E-MAIL	ADDRESS:					
PERSONS AUTHORIZED TO PICK UP CHILD	CARE STUDENT:						
I AUTHORIZE MY CHILD TO WALK HOME:		LAST					
EMERGE		ACT INFOR					
NAME:	FIRST	PHONE:					
NAME:	FIRST	PHONE:					
PHYSICIAN:		PHONE:					
HOSPITAL:							
IN THE EVENT NO ONE CAN BE CONTACTE MEDICAL TREATMENT? YES I	D, I GIVE PERMISS	SION FOR MY CHILD T	O RECEIVE EMER	GENCY			
SPECIAL NEEDS / INSTRUCTIONS:							
SIBLINGS IN PROGRAM:							
PARENT/GUARDIAN SIGNATURE:		[		0 Rev. (03-08)			



MIAMI-DADE COUNTY PUBLIC SCHOOLS
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PARENT FEE AND PAYMENT RECORD

school 5	DAILY FEE: _		INSURANCE PAID: YES				
STUDENT NAME:	STUDENT NAME: _	LAST			FIRST		
				JMMER CAMP	PRE-K		
SERVICE PERIOD	AMOUNT DUE	AMOUNT PAID	AMOUNT OVER / UNDER	AGENCY PAYMENT	RECEIPT NUMBER	DATE PAID	TRANSACTION COMMENTS
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D/	ATA REVIEW ATES:			GNATURE:	PRINCIPAL, APCE,		 FM 3170 Rev. (03-