MIAMI-DADE COUNTY PUBLIC SCHOOLS

Clear Form

REGISTRATION FORM: BEFORE/AFTER SCHOOL PROGRAMS – PRE-K

_____ - _____ SCHOOL YEAR

NAME OF SCHOOL: _____ LOCATION NUMBER: _____

STUDENT NAME: _____ REGISTRATION DATE: _____
LAST FIRST

STUDENT ID #: _____ AGE: _____ GRADE: _____ GENDER: **M** ☐ **F** ☐

BIRTHDATE: _____ ETHNIC CODE: ☐☐☐☐☐☐ W B H I A M TEACHER: _____

MOTHER'S NAME: _____
LAST FIRST

HOME ADDRESS: _____
ADDRESS CITY STATE ZIP CODE

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ E-MAIL ADDRESS: _____

FATHER'S NAME: _____
LAST FIRST

HOME ADDRESS: _____
ADDRESS CITY STATE ZIP CODE

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ E-MAIL ADDRESS: _____

PERSONS AUTHORIZED TO PICK UP CHILD CARE STUDENT: _____
LAST FIRST

I AUTHORIZE MY CHILD TO WALK HOME: **YES** ☐ **NO** ☐ _____
LAST FIRST

EMERGENCY CONTACT INFORMATION

NAME: _____ PHONE: _____
LAST FIRST

NAME: _____ PHONE: _____
LAST FIRST

PHYSICIAN: _____ PHONE: _____
LAST FIRST

HOSPITAL: _____

IN THE EVENT NO ONE CAN BE CONTACTED, I GIVE PERMISSION FOR MY CHILD TO RECEIVE EMERGENCY MEDICAL TREATMENT? **YES** ☒ **NO** ☐

SPECIAL NEEDS / INSTRUCTIONS: _____

SIBLINGS IN PROGRAM: _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____