

Grade:

Registration 2016-2017 Before and After School Child Care Program

Add Siblings New Student

Siblings Update

Registering Adult Password:  Second Adult Password: <No Access>  Before Care  1 hr. Staff  Extended  After Care  Non School  Day

Student

Student #  Home School:  Child's Name: Last  First  Starting Date:  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  Shared Custody  Other LIST ALL SIBLINGS ATTENDING PROGRAM AT THIS TIME:

Registering Adult

Are you a Broward County School Employee?  Yes  No

Name (First)  (Last)  HomePhone  Cell Phone  Primary Address  Cell Phone Provider  City  State  Zip  Work

Second Adult

Click here if the Registering Adult address, is the same as the Second Adult. Name (First)  (Last)  HomePhone  Cell Phone  Second Address  Cell Phone Provider  City  State  Zip  Work

List Email Addresses:  Can your child be photographed?  Yes  No

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,

Registering Adult 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

Second Adult Authorized Release/Contact

Name	Relationship	Home Phone	Work or Cell Phone
<no Access>	<no Access>	<No Access>	<No Access>
<no Access>	<no Access>	<No Access>	<No Access>
<no Access>	<no Access>	<No Access>	<No Access>
<no Access>	<no Access>	<No Access>	<No Access>
<no Access>	<no Access>	<No Access>	<No Access>
<no Access>	<no Access>	<No Access>	<No Access>

I declare this information to be true and correct. I will notify the Supervisor immediately of any changes. Signature  <No Access> Print Name  <no Access> Relationship to child  <no Access> Date