SAN CARLOS-BELMONT AFTER SCHOOL
REGISTRATION FORM

CHILD'S NAME	AGE	GRADE	DATE OF BIRTH	SCHOOL

PARENT 1 NAME	PARENT 2 NAME	OTHER PARENT NAME

CHILD'S STREET ADDRESS	CHILD'S CITY & ZIP	CHILD'S HOME PHONE

PARENT 1 STREET ADDRESS (IF DIFFERENT)	PARENT 1 CITY & ZIP (IF DIFFERENT)	PARENT 1 HOME PHONE (IF DIFFERENT)

PARENT 2 STREET ADDRESS (IF DIFFERENT)	PARENT 2 CITY & ZIP (IF DIFFERENT)	PARENT 2 HOME PHONE (IF DIFFERENT)

PARENTAL CONTACT INFORMATION

	COMPANY	WORK PHONE	CELL PHONE	EMAIL ADDRESS
PARENT 1				
PARENT 2				
OTHER PARENT				
OTHER PARENT				

NON-PARENTAL EMERGENCY CONTACTS & AUTHORIZED PICKUPS

The following people will be contacted in the event of an emergency or illness when neither parent can be reached. The following are also authorized to pick up your child at After School without prior written permission from you. Please include day and evening numbers.

NAME	RELATIONSHIP	WORK PHONE	CELL PHONE	EVENING PHONE

Please list the name and phone number of someone we could contact out of the Bay Area in the event of a natural disaster that prevented phone contact between local cities.

OUT OF AREA CONTACT PERSON: _____

PHONE NUMBER: (include area code): _____

PROGRAM COMPONENTS:

_____ **BREAKFAST CLUB ONLY**
_____ **AFTERNOON ONLY**
_____ **BREAKFAST CLUB & AFTERNOON**

Is child authorized to walk/ride home without parent? If so, sign below:
My child _____has my permission to walk/ride home each day

at:_____.

CHILD'S MEDICAL INFORMATION

DOCTOR'S NAME: _____ CITY: _____ PHONE:_____

Is your child allergic to anything? (include foods, insects, medications, etc.) _____

_____

Does your child have any food or activity restrictions? _____

_____

Special Instructions: _____

_____

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Director of After School to hospitalize, secure proper treatment and to order injections, anesthesia or surgery for my child as named above.

SIGNED: _____ SIGN HERE

ADMISSION AGREEMENT

I, the undersigned parent/guardian of _____ have read the Policy Manual of San Carlos-Belmont After School and understand the policies and procedures set forth within it. I have received a copy of the enrollment forms and a fee schedule and am aware of my financial responsibilities relative to this program. I also understand the rights of the State of California, Department of Social Services as outlined in the Policy Manual. I wish to enroll my child in the After School Program and agree to adhere to the policies and procedures mentioned above. I also understand that my registration fee is both nonrefundable and nontransferable.

PARENT'S SIGNATURE: SIGN HERE_____ DATE:_____

DIRECTOR'S SIGNATURE:_____ DATE:_____

01/07