



# REGISTRATION FORM

## Sandtown Middle School

### Emergency Contacts *(If parent cannot be reached).*

Name:	Relationship:	Telephone Number
1.		( ) -
2.		( ) -
3.		( ) -

Primary Physician	Telephone Number
	( ) -

### Transportation

My child may be picked up by the following: ***(MUST BE 16 YEARS OR OLDER)***

Name:	Telephone Number:
1.	( )
2.	( )
3.	( )
4.	( )
5.	( )

### Additional Information

Special instructions (medical, familial or behavioral consideration), please be specific.	
If your child is taking medication that needs to be administered, give specific instructions.	
<b>I give my permission for the instructor to administer the medication described above.</b>	_____

	<b>Parent/Guardian Signature</b>	<b>Date</b>
<p><b>My child is covered by medical insurance and I will assume liability for accidents and injuries incurred during the After School Program. In the event of an emergency, I authorize permission to seek immediate medical attention for my child.</b></p>	<hr/> <p><b>Parent/Guardian Signature</b></p>	<hr/> <p><b>Date</b></p>
<p><b>I understand that my child must attend the program on a regular basis.</b></p>	<hr/> <p><b>Parent/Guardian Signature</b></p>	<hr/> <p><b>Date</b></p>