



MIAMI-DADE COUNTY PUBLIC SCHOOLS

REGISTRATION FORM: BEFORE AND AFTER SCHOOL PROGRAMS - SUMMER CAMP - PRE-K

- SCHOOL YEAR

NAME OF SCHOOL:

LOCATION NUMBER:

STUDENT NAME:

LAST

FIRST

REGISTRATION DATE:

STUDENT ID #:

AGE:

GRADE:

NAME OF TEACHER:

MOTHER'S NAME:

LAST

FIRST

HOME ADDRESS:

STREET

CITY

STATE

ZIP CODE

HOME PHONE:

WORK PHONE:

CELL PHONE:

E-MAIL ADDRESS:

FATHER'S NAME:

LAST

FIRST

HOME ADDRESS:

STREET

CITY

STATE

ZIP CODE

HOME PHONE:

WORK PHONE:

CELL PHONE:

E-MAIL ADDRESS:

PERSON/S AUTHORIZED TO PICK UP CHILD CARE STUDENT:

LAST

FIRST

I AUTHORIZE MY CHILD TO WALK HOME: YES

NO

LAST

FIRST

EMERGENCY CONTACT INFORMATION

CONTACT NAME 1:

LAST

FIRST

PHONE:

CONTACT NAME 2:

LAST

FIRST

PHONE:

NAME OF PHYSICIAN:

LAST

FIRST

PHONE:

PREFERRED 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:



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PARENT FEE AND PAYMENT RECORD FOR:

STUDENT ACCIDENT INSURANCE PAID FOR: YES

APPROVED DISTRICT DAILY RATE FOR THIS PROGRAM IS:

IF YES, (X) ONLY ONE:
FREE OR REDUCED LUNCH
ELC FEE SUBSIDY
M-DCPS FEE WAIVER

LAST NAME OF STUDENT

FIRST NAME

ACTUAL STUDENT DAILY FEE:
ACTUAL STUDENT DAILY FEE:
ACTUAL STUDENT DAILY FEE:
ACTUAL STUDENT DAILY FEE:

EFFECTIVE DATE:
EFFECTIVE DATE:
EFFECTIVE DATE:
EFFECTIVE DATE:

BEFORE CARE STORY HOUR AFTER CARE FULL-DAY CARE FULL-DAY SUMMER CAMP HALF-DAY SUMMER CAMP PRE-K

SERVICE PERIOD	AMOUNT DUE	AMOUNT PAID	AMOUNT OVER / UNDER	AGENCY PAYMENT	RECEIPT NUMBER	DATE PAID	TRANSACTION COMMENTS
A	B	C	(B - C) = D	E	F	G	H

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MID-YEAR REVIEW DATE:

REVIEWED BY:

(PRINT NAME OF PRINCIPAL, APCE, OR DESIGNEE)

(SIGNATURE)

END-OF-YEAR REVIEW DATE:

REVIEWED BY:

(PRINT NAME OF PRINCIPAL, APCE, OR DESIGNEE)

(SIGNATURE)