



# 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:

