|  |
| --- |
| **Child Information:** |
| Child’s Name: |  |
| Date of Birth: |  **/ /** | Age: |  |
| Address: |  |
| Contact Phone Number: |  |
| Medications: |  |
| Allergies: |  |
| Siblings: |  |
| **School Information:** |
| Grade: |  | Teacher: |  |
| **Parent/Guardian Information:** |
| Mother: |  |
| Cell# / Work# | **/** |
| Email: |  |
| Father: |  |
| Cell# / Work# | **/** |
| Email: |  |
| **Emergency Contact (must have two)** |
| Name: |  |
| Relation: |  |
| Phone Number: |  |
| Name: |  |
| Relation: |  |
| Phone Number: |  |
| **Authorized for Pickup (other than parent/guardian)** |
| Name: |  | Phone# |  |
| Name: |  | Phone# |  |
| Name: |  | Phone# |  |
| Name: |  | Phone# |  |

**Roll Call Registration Form 2024-2025**

|  |
| --- |
| **Program Start Date:** |
| Date: |  |
| **Days Requested:** |
| Monday | Tuesday | Wednesday | Thursday | Friday |
|  |  |  |  |  |
|  |
| * I have received, read, and understand the Roll Call Policy Handbook
 |
| Signature (Typed):  |  | Date: |  / / |
|  |
| **Online Registration fees:** |
| **$45** membership fee **(July 1, 2024 – June 30, 2025)** |
| **$150** deposit **(applied to May & June 2025)** |
| \*mem fee / deposit due at point of registration |
| **Monthly Payment Options:** |
| 1. **Preauthorized Debit**
 |
| Fill out “Roll Call Preauthorized Form” and send to recreation director at martin\_ty@hotmail.com w/ registration form. |
|  |
| 1. **Credit Card**
 |
| Visa or Mastercard (American Express or visa debit NOT accepted)Please fill in the portion below if paying by monthly credit card. |
| Visa |  | Mastercard |  |
| Credit Card Number: |  |  |  |  |
| Exp. Date: |  |
| CVC: |  |
| Name on Card: |  |
| Additional Information: |