|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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](mailto: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: | | | | | | | | | | | | | | | |