## THE STUDENT STOP FALL 2023-2024 REGISTRATION FORM

ON-REFUNDABLE SIGN-UP FEES  _ \$40.00 REGISTRATION FEE (NEW STUDENTS ONLY) OCCASIONAL CARE _ \$40.00 SUPPLY FEE (ALL STUDENTS)  STUDENT INFORMATION				
Age	Birth Date	School		
Tentative o	days and times your child will attend The S	Student Stop		
Are there a	any allergy, health, or behavior problems?	Explain.		
PAREN	T/GUARDIAN INFORMAT	TION		
Parent/Guardian Name	Home Address	Home Phor		
Employer	Work Address	Work Phon		
E-Mail Address	Cell Phone			
Parent/Guardian Name	Home Address	Home Phon		
Employer	Work Address	Work Phor		
E-Mail Address	Cell Phone			
PARENT/GUARDIAN DLLOWING:	CANNOT BE REACHED, I	PLEASE CONTACT THE		
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Name	Relationship	Phone Number		

## **MEDICAL INFORMATION**

Child's Doctor	Address	Phone Number
Child's Dentist	Address	Phone Number
Health Plan	Plan Number	
I GIVE PERMISSION TO (CHECK ALL THAT APPLY)	THE STUDENT STOP FOR	THE FOLLOWING
My child may be given pr	rescribed medication with parental o	consent.
My child may be given no	on-prescribed medication with paren	ntal consent.
My child may be taken or	n field trips by bus under required s	upervision.
My child may be photogr	raphed for publicity or news purpose	es.
HOW DID YOU HEAR ABOUT	THE STUDENT STOP:	
(www.thestudentstop.org) and ar for all tuition costs and fees. In a emergency medical services if I c	that I have read the PARENT HAM n bound by the policies within. I und n emergency, The Student Stop has annot be contacted. The Student Sto l or clinic. I agree to be responsible ey.	derstand that I am responsible my permission to authorize op will transport children by
Signature of P	arent	Date