## THE STUDENT STOP SUMMER 2025 REGISTRATION FORM

_\$40.00 REGISTRATION F _\$40.00 SUPPLY FEE (ALI	,	_ OCCASIONAL CARE
	STUDENT INFORMATION	
Child's Name	Home Address	Home Phone
Age	Birth Date	School
Tentat	ive days and times your child will attend The S	Student Stop
Are t	here any allergy, health, or behavior problems	? Explain.
PA	RENT/GUARDIAN INFORMA	ATION
Parent/Guardian Name	Home Address	Home Phone
Employer	Work Address	Work Phone
	E-Mail Address Cell I	Phone
Parent/Guardian Name	Home Address	Home Phon
Employer	Work Address	Work Phone
	E-Mail Address Cell I	Phone
F PARENT/GUARDIA	AN CANNOT BE REACHED, FOLLOWING:	PLEASE CONTACT TH
Name	Relationship	Phone Number
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 p	rescribed medication with parental c	consent.
My child may be given no	on-prescribed medication with pare	ntal consent.
My child may be taken or	n field trips by bus under required s	upervision.
My child may be photogr	caphed for publicity or news purpose	es.
I will provide sunscreen f	for my child. Brand:	
My child may apply their	r own sunscreen under adult supervi	ision
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	y that I have read the PARENT HAM m bound by the policies within. I und an emergency, The Student Stop has cannot be contacted. The Student Sto al or clinic. I agree to be responsible by.	derstand that I am responsible my permission to authorize op will transport children by
Signature of Par	 ent/Guardian	 Date