

THE STUDENT STOP

SCHOOL YEAR 2026-2027 REGISTRATION FORM

NON-REFUNDABLE SIGN-UP FEES

___ \$40.00 REGISTRATION FEE (NEW STUDENTS ONLY) ___ OCCASIONAL CARE
___ \$40.00 SUPPLY FEE (ALL STUDENTS)

STUDENT INFORMATION

Child's Name	Home Address	Home Phone
Age	Birth Date	School

Tentative days and times your child will attend The Student Stop

Are there any allergy, health, or behavior problems? Explain.

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name	Home Address	Home Phone
Employer	Work Address	Work Phone
E-Mail Address	Cell Phone	

Parent/Guardian Name	Home Address	Home Phone
Employer	Work Address	Work Phone
E-Mail Address	Cell Phone	

IF PARENT/GUARDIAN CANNOT BE REACHED, PLEASE CONTACT THE FOLLOWING:

Name	Relationship	Phone Number
Name	Relationship	Phone Number

Who is authorized to pick up your child other than parents/guardians?

MEDICAL INFORMATION

_____ Child's Doctor	_____ Address	_____ Phone Number
_____ Child's Dentist	_____ Address	_____ Phone Number
_____ Health Plan	_____ Plan Number	

I GIVE PERMISSION TO THE STUDENT STOP FOR THE FOLLOWING (CHECK ALL THAT APPLY)

- _____ My child may be given prescribed medication with parental consent.
- _____ My child may be given non-prescribed medication with parental consent.
- _____ My child may be taken on field trips by bus under required supervision.
- _____ My child may be photographed for publicity or news purposes.
- _____ My child may apply their own sunscreen under adult supervision

HOW DID YOU HEAR ABOUT THE STUDENT STOP:

In signing this document, I verify that I have read the PARENT HANDBOOK (www.thestudentstop.org) and am bound by the policies within. I understand that I am responsible for all tuition costs and fees. In an emergency, The Student Stop has my permission to authorize emergency medical services if I cannot be contacted. The Student Stop will transport children by ambulance to the nearest hospital or clinic. I agree to be responsible for any expenses that may be incurred because of an emergency.

_____ Signature of Parent/Guardian	_____ Date
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