

THE STUDENT STOP SUMMER 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.

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

Date