

# THE STUDENT STOP

## 2022-2023 REGISTRATION FORM

### **NON-REFUNDABLE SIGN-UP FEES**

**\$40.00 REGISTRATION FEE (NEW)**       **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**

Mother's Name \_\_\_\_\_ Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Driver's License \_\_\_\_\_ E-Mail Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Driver's License \_\_\_\_\_ 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 student up 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.

In signing this document, I verify that I have read the PARENT HANDBOOK ([www.thestudentstop.org](http://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 child 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
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