

# 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