

THE STUDENT STOP SUMMER 2026 REGISTRATION FORM

NON-REFUNDABLE SIGN-UP FEES

\$40.00 REGISTRATION FEE (NEW STUDENT)

OCCASIONAL CARE

\$40.00 SUPPLY FEE (ALL STUDENTS)

STUDENT INFORMATION

Child's Name	Home Address	Home Phone
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Age	Birth Date	School
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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
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Employer	Work Address	Work Phone
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E-Mail Address	Cell Phone
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Parent/Guardian Name	Home Address	Home Phone
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Employer	Work Address	Work Phone
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E-Mail Address	Cell Phone
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IF PARENT/GUARDIAN CANNOT BE REACHED, PLEASE CONTACT THE FOLLOWING:

Name	Relationship	Phone Number
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Name	Relationship	Phone Number
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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