THE STUDENT STOP
SCHOOL YEAR 2025-2026 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