

## Florida Avenue Elementary School After Care Registration and Emergency Form

Child's Name: \_\_\_\_\_  
First
Middle
Last

Mother's Name: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Other: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Other: \_\_\_\_\_

Home Address: (No P.O. Box): \_\_\_\_\_

Siblings at FAE: \_\_\_\_\_  
 You must fill out 1 registration form for each child attending program.

Child's Physician: \_\_\_\_\_ Physician's Phone Number: \_\_\_\_\_

Emergency Hospital Preference: \_\_\_\_\_

Allergies/Medical Conditions: (please explain fully)

\_\_\_\_\_  
 \_\_\_\_\_

Other People Authorized to Pick Up My Child	Telephone Number
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\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*\*No one will be allowed to pick up child unless they are listed on this form and have picture I.D.*

Child Care Needed:

I have received and read the copy of hours, fees, policies and rules associated with the Florida Avenue Child Care Program and agree to abide by those set forth.

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date