

Academie Da Vinci

Before/ After School Program

Student Information/ Registration

Student's Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

City/ State/ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

Parent Name \_\_\_\_\_

Office Phone \_\_\_\_\_

Parent Name \_\_\_\_\_

Office Phone \_\_\_\_\_

Guardian Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

EMERGENCY ALTERNATIVE AND AUTHORIZED PICKUP:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

EMERGENCY INFORMATION:

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Medication \_\_\_\_\_

Allergies \_\_\_\_\_

Other Significant Medical Information \_\_\_\_\_

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