

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 _____