PALM BAY PREP/PALM BAY ELEMENTARY LEAP AFTER SCHOOL REGISTRATION FORM

Student's Name _____ Grade _____

Parent's Name (s) _____

Address _____

_____

Phone Number(s): (H) (_____) _____-_____ (C) : (_____) _____-_____

(W): (_____) _____-_____

Please list any additional numbers on the bottom of this sheet.

Emergency contact with phone number_____

_____

Please list any allergies or medical conditions _____
_____
_____

What days of the week will your child participate in the After School Program? (Please circle all that apply)

Monday Tuesday Wednesday Thursday Friday

Approximately, what time will your child be picked up daily? _____

I understand that the after school care program is being offered by Palm Bay Prep Academy at no charge. Services rendered are under the direction of Palm Bay Prep Academy. Major and multiple disciplinary actions can result in my child being dismissed from the after school care program. I understand that I am responsible for picking up my child no later than 6 p.m. daily. Failure to pick my child up by 6 p.m. may result in my child no longer having access to this program.

_____
Parent's Signature

Please provide us with the person(s) who may pick up your child.

Name	Pick up permission Yes/No	Legal Custody Yes/No	Relationship to student	Home Number	Cell Phone Number	Work Number