BOAZ CITY SCHOOLS COMMUNITY EDUCATION
EXTENDED DAY AND CAMP BOAZ
REGISTRATION FORM

BUS RIDER? YES _____ NO _____

1. CHILD'S NAME:	CHILD'S BIRTH DATE:
CHILD'S AGE:	GRADE IN SCHOOL:
CHILD'S RACE:	CHILD'S HOME ADDRESS
HOME TELEPHONE NUMBER: ( )	CELL PHONE NUMBER: ( )
2. CHILD'S NAME:	CHILD'S BIRTH DATE:
CHILD'S AGE:	GRADE IN SCHOOL:
CHILD'S RACE:	
3. CHILD'S NAME:	CHILD'S BIRTH DATE:
CHILD'S AGE:	GRADE IN SCHOOL:
CHILD'S RACE:	
4. CHILD'S NAME:	CHILD'S BIRTH DATE:
CHILD'S AGE:	GRADE IN SCHOOL:
CHILD'S RACE:	

PARENT / GUARDIAN INFORMATION

NAME(S) OF PARENT(S)/GUARDIANS:	
ADDRESS OF PARENT(S)/GUARDIANS:	
MOTHER'S EMPLOYER:	EMPLOYER'S TELEPHONE: ( )
FATHER'S EMPLOYER:	EMPLOYER'S TELEPHONE: ( )

INSTRUCTIONS REGARDING HOW PARENT/GUARDIAN MAY BE REACHED IN AN EMERGENCY:

PERSONS TO BE CONTACTED IN AN EMERGENCY IF PARENT(S) / GUARDIAN(S) CANNOT BE REACHED:
Persons who may pick up child:

NAME	RELATIONSHIP TO CHILD	ADDRESS	TELEPHONE NUMBER

EMERGENCY AUTHORIZATION:

I GIVE PERMISSION FOR THE CHILD CARE FACILITY TO OBTAIN EMERGENCY MEDICAL TREATMENT, INCLUDING EMERGENCY TRANSPORTATION, FOR MY CHILD/CHILDREN IF I CANNOT BE REACHED IMMEDIATELY. I AGREE TO BE RESPONSIBLE FOR ANY EMERGENCY MEDICAL EXPENSES INCURRED. *(IF PARENT OR GUARDIAN REFUSING TO SIGN, INSTRUCTIONS MUST BE ATTACHED STATING WHAT PROCEDURE THE FACILITY IS TO FOLLOW IN AN EMERGENCY.)*

IF THERE ARE ANY SPECIAL CIRCUMSTANCES THAT WE NEED TO BE AWARE OF, PLEASE TALK WITH THE COORDINATOR. *(SUCH AS DIVORCE PAPERS, CUSTODY, MEDICAL ALERTS, ALLERGIES/FOOD, ETC.):*

I HAVE RECEIVED A COPY OF THE BCSS COMMUNITY EDUCATION BROCHURE AND UNDERSTAND ALL POLICIES CONTAINED THEREIN, INCLUDING FEES AND LATE CHARGES.

_____/_____

SIGNATURE OF PARENT/GUARDIAN DATE

OVER