



Registration Form

1 st Quarter	September 19 th -November 10 th
2 nd Quarter	November 14 th – January 26 th
3 rd Quarter	January 30 th – April 6 th
4 th Quarter	April 9 th – June 1 st

Name of Student (Last, first, middle)

Date of Birth/Grade Level

Physical address

Phone number

Mailing Address (please leave blank if same as physical)

Name of Parent/Guardian (Last, first)

Emergency Contact number

Please list student's siblings name and age that they reside with

Please circle all that apply to your child:
(Note all information is confidential)

Allergies **Y N**

Please list what type of allergies _____

Medical Conditions **Y N**

Please list what type of conditions _____

F.A.C.E.S. 2011-2012 Program

Permission

Y N I give my child permission to wear sun block

Y N I give my child permission to have their picture taken

Bus Transportation will be available for pick-up and drop-off throughout the school year.

Please indicate how your child will depart from the Elementary School, after FACES **(circle)**

Walking Y N Parent/Guardian Y N Bus Y N Other _____

Parent/Guardian Signature

Date