

Leopard's LEAP Registration Form

This form registers your child for the Lansdowne Elementary After School Enrichment Program, and must be accompanied by a non-refundable \$30 fee. *This is valid for the 2020-2021 school year, August through May/June.* Please complete one form per child.

Please Print (in ink)

Child's Name _____ Grade/Teacher _____

Address _____ Zip Code _____

Date of Birth ____ / ____ / ____ Age ____ Gender _____

Parent/Guardian _____ Home Phone _____

Place of work _____ Work Phone _____

Email Address _____ Cell Phone _____

Parent/Guardian _____ Home Phone _____

Place of work _____ Work Phone _____

Email Address _____ Cell Phone _____

Emergency Contacts and Authorized Pickup Persons(in order of who to contact first)

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

List anyone specifically NOT AUTHORIZED to pick up your child and why:

Child's Physician's Name _____ Phone Number _____

Hospital Preference _____ Dentist: _____

Does your child require special medications or routines? Yes _____ No _____

Does your child have any physical/emotional/behavioral/developmental conditions we should know about? Yes _____ No _____ Please explain:

This information is accurate to the best of my knowledge, and the child herein described has my permission to engage in all activities. In the event I cannot be reached in an emergency, I hereby give permission to the director of the LEAP program or designee to secure emergency medical services including transportation and a physician.

Parent/Guardian Signature _____ Date _____