

CASTLE Registration Form

This form registers your child for the Squires Elementary After School Enrichment Program and must be accompanied by a non-refundable \$30.00 individual/\$40.00 family registration fee. This is valid for the 2021-2022 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 have any physical/emotional/behavioral/developmental conditions we should know about? Yes _____

No _____

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 CASTLE PROGRAM OR DESIGNEE TO SECURE EMERGENCY MEDICAL SERVICES INCLUDING TRANSPORTATION AND A PHYSICIAN.

***By signing this form, you are agreeing to pay the required Registration Fee as well as all monthly Tuition Fees for the 2021-2022 academic year. Failure to pay the monthly Tuition Fees will result in your child/children being ineligible to remain in the program.

PARENT SIGNATURE _____ DATE _____

DIRECTOR'S SIGNATURE _____ DATE _____