

Start date
 a.m. _____
 p.m. _____



Registration Fee Paid
 Date: _____
 Cash or Check # _____
 Taken by: _____

**Growing With Pride
 Morning and After School Program Registration**

Name _____ DOB _____ Grade _____ Teacher _____
 Name _____ DOB _____ Grade _____ Teacher _____
 Name _____ DOB _____ Grade _____ Teacher _____

Name of Parents/Guardian
 Mother/Step _____ Home Phone # _____ Work # _____
 Address _____ City _____ State _____ Zip _____
 Cell # _____

Father/Step _____ Home Phone # _____ Work # _____
 Address _____ City _____ State _____ Zip _____
 Cell # _____

Parent's Statement: I accept responsibility for notifying Growing with Pride of any changes of home or business phone numbers in writing. In the event of serious illness or accident and I cannot be immediately contacted, I give my permission to have my child moved by ambulance or other conveyance to a doctor's office or hospital for immediate treatment. I also assume responsibility for payments of same. In case of an accident or illness where immediate treatment is not needed, but where my child is unable to remain at daycare, I request Growing with Pride to contact me. If I am unable to be reached, I request one of the persons listed below be contacted to care for my child until I can be reached.

List all authorized persons to pick up your child from Growing with Pride in case of an illness, accident, late pick up or emergency.

Name _____ Relationship _____ Ph # _____
 Name _____ Relationship _____ Ph # _____
 Name _____ Relationship _____ Ph # _____
 Name _____ Relationship _____ Ph # _____
 Name _____ Relationship _____ Ph # _____

List any health problems, medications and/or allergies (must be on file with the school clinic assistant):

***I have received and read the Growing with Pride brochure.** I understand the payment is due by Monday of the week of participation. I further agree to pay a \$25.00 charge on any returned checks. After one returned check, the Growing with Pride program will only accept cash, cashier's check or money order as payment. **Students who are picked up after 5:30 pm will be charged a late fee of \$15.00 plus a \$1.00 per minute fee for each minute late.**

My child [] DOES.... [] DOES NOT.... have permission to work on computers during the program.
 My child [] DOES.... [] DOES NOT.... have permission to watch PG movies during the program.

Signature _____ Date _____