



After School/ Summer program – Registration

Parent/Guardian Name _____ Ph: _____

Address: _____

Student Name _____ Ph: _____

Address: _____

DOB: _____ Grade: _____

SSN: _____ School: _____

Teacher: _____

Emergency Contacts

Name: _____ Ph: _____

Name: _____ Ph: _____

Physician Name: _____ Ph: _____

Consent for emergency transport (Initials) _____

Allergies/Medical

Issues: _____

By signing below, I agree that my student will follow all instruction of the Carr Center staff and policies. I acknowledge that I have been given a copy of the Carr Center policies and agree to comply with the same. I also agree that the information provided above is true and accurate, and that I will notify the Carr Center of any changes to the above information and the student's schedule.

Parent or guardian signature: _____

Date: _____

Office Use Only

Accepted on _____ Schedule _____