



After School Program / Early Morning Program
Parent/Student Information Form (PRINT CLEARLY)

**STAFF
ONLY**

| Parent/Guardian Contact Information <i>(please provide all information requested)</i> | | | | | |
|---|----------------|------------------------|--------------|---------------|----------|
| Last Name | | First Name | | Signature | |
| Street Address | | Apt. No. | City & State | | Zip Code |
| Day Phone No. | Cell Phone No. | Home Phone No. | | Email Address | |
| Other Parent/Guardian Full Name 1. | | Email Address | | Phone No. | |
| Emergency Contact Full Name 2. | | Relationship to Family | | Phone No. | |

| Program Enrollment <i>(check all that apply)</i> |
|--|
| <input type="checkbox"/> After School Program <input type="checkbox"/> Early Morning Program |

| Complete All Information for Each Child Enrolled | | | | | |
|--|-----------|--------|-------|-----|----------|
| First Name | Last Name | Gender | Grade | Age | Birthday |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |

| List Other Adults that are Authorized to Pick-up Your Child/Children | | |
|--|--------------------------------|---------------------------|
| Adult's Full Name | Relationship to Child/Children | Parent/Guardian Signature |
| | | |
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| | | |

STAFF ONLY: Date Fee Paid _____ Payment Type: _____ Amount Paid: _____ Receipt#: _____

2018-19 Please complete & return forms: Registration Form ____, Medical Info ____, Media Release ____, Guidelines Signature Page ____



After School Program / Early Morning Program
Medical Emergency Information Form (PRINT CLEARLY)

I give permission to The Main Street Academy to seek medical treatment for my child/children in the event of a medical emergency. I will be responsible for the cost of any emergency medical care provided to my child/children.

Complete All Information for Each Child Enrolled

| First Name | Last Name | Insurance Coverage? Yes or No | Insurance Carrier | Type of Insurance | Insurance Policy # | Allergies and/or Other Medical Issues |
|------------|-----------|----------------------------------|-------------------|-------------------|--------------------|---------------------------------------|
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| | | | | | | |

| Doctor(s) Name(s) and Phone Number(s) | Use Space Below for Additional Information |
|---------------------------------------|--|
| | |
| | |
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| | |

Note: If your child is on medication prescribed by a medical doctor that requires him/her to take it during the school day, the medication must be brought to the school nurse in its original container with the prescription label on it. Neither the nurse nor The Main Street Academy staff will stock or give out any over the counter medication. **Medication will not be dispensed during the hours of the After School or Early Morning Program.**

 Print Parent/Guardian **First Name** Print Parent/Guardian **Last Name**

 Relationship to Child/Children

 Parent/Guardian Signature Date



After School Program / Early Morning Program
Media Release Form (PRINT CLEARLY)

I (**circle one**) **DO / DO NOT** grant permission as the legal parent/guardian of (**list child/children name/s below**):

to The Main Street Academy to use photographs and or video footage of my child/children in marketing and or promotional materials and for release to the media.

| | |
|---|--|
| Print Parent/Guardian First Name | Print Parent/Guardian Last Name |
|---|--|

Relationship to Student(s)

| | |
|---------------------------|------|
| Parent/Guardian Signature | Date |
|---------------------------|------|



**The Main Street Academy (referred to as "TMSA" or "School")
After School and Early Morning Program (referred to as "Program")
Parent/Guardian and Participant Guidelines (referred to as "Guidelines")**

Signature Page

I **(parent/guardian print full name here)**, _____ have reviewed the Guidelines. I understand that I am expected to act in accordance with the information provided in the Guidelines and that any child (participant/student) under my legal guardianship who is enrolled in the TMSA After School Program and/or Early Morning Program is expected to act in accordance with the information provided in the Guidelines. I am also aware that final authority on all related matters rests with the Program manager, School administrative team and/or School board of directors when applicable and that it is my responsibility to periodically review the Guidelines throughout the current academic year.

(parent/guardian sign on line)

(date)