Siskiyou County Office of Education – SAFE After-School Program
Siskiyou **A**fterschool **F**or **E**veryone

2018-2019 Student Registration Form

School: _____ District: _____

Student's Legal First Name: _____ Student's Legal Last Name: _____

Name Student Goes By If Different from Legal First Or Last Name: _____

Teacher: _____ Grade as of August 2018: _____ Birth Date: _____

Student's Home Address: _____ _____ _____
Street address or P.O.Box # City Zip Code

Student is homeless ❒ Yes ❒ No Student is in foster care ❒ Yes ❒ No

Mother/Guardian's First Name: _____ Father/Guardian's First Name: _____

Mother/Guardian's Last Name: _____ Father/Guardian's Last Name: _____

Home Phone Number: _____ Home Phone Number: _____

Cell Phone Number: _____ Cell Phone Number: _____

Work Phone Number: _____ Work Phone Number: _____

Place of Employment: _____ Place of Employment: _____

Parent(s) Email Address: _____

My child will depart from the program by:

❒ Unsupervised Walk (if school district policy allows.) My child has my permission to sign (him/her) self out each day at _____ p.m. ❒ School District Bus or Van ❒ Parent Pick-Up

❒ Other (describe) _____

I give permission for my child to be released from the program to:

❒ The adults listed as **Emergency Contacts** on this registration form.

❒ **NO ONE** except the Parent/Guardians listed on this registration form.

Emergency Numbers and Persons Authorized to Pick Up Student other than parents listed above: (Students will not be allowed to leave with any persons not listed below.) Please complete all information (Photo ID may be required.) In case of an emergency, and when parents/guardians cannot be contacted, the following people will also serve as emergency contacts.

	Full Name (Please Print Clearly)	Phone Number(s)	Relationship to Student
1			
2			
3			
4			

Release for Emergency Medical Care

Does your family carry medical insurance? ❒ Yes ❒ No

If yes, what is the name of your insurance carrier? _____ Policy # _____

Name of Family Physician _____ Phone Number _____

Student's medical conditions _____

Medications _____

List child's allergies (food, insects. pollen, etc.) _____

Does your child carry an epi-pen? ❒ Yes ❒ No

Signature of parent or guardian:_____ ***Date:*** _____