STAY AND PLAY Registration:

STAY AND PLAY Regis	<u>tration:</u>		V + ?
FAMILY NAME			
STUDENT'S NAME	STUDENT'S GRADI	E	18 75
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		-	
		-	
FATHER/GUARDIAN	моті	IFP (GUADDIAN	
FATHER/GUARDIAN First Name I	ast Name (if different)	First Name Last Na	me (if different)
ADDRESS	ADDR Zip Code	ESS(if different)	Zip Code
DAD HOME NUMBER		OM HOME NUMBER	
CELL#	_	:LL#	
EMPLOYER	EM	1PLOYER	
WORK PHONE	W	ORK PHONE	_
FATHER/ GUARDIAN EMAIL ADDRESS			
MOTHER/ GUARDIAN EMAIL ADDRES	S		
PHYSICIAN	PHONE	E NUMBER	
DENTIST	PHONI	E NUMBER	
Is your child receiving any medication Please specify	n?	-	
Please specify *Doctors Orders must be submitted fo	r any medication (in	ncluding over the counter medica	<u>tions) to be</u>
administered at school. Students MAY NOT carry any medicat	ion (including over t	the counter medications) to or fro	m school.
Allergies?			
** Please note that the school office closes of emergency medications (i.e., inhalers, Epi	: 3:00pm—Medications v	vill be locked up at that time—you should	
Other Medical Conditions			

<u>PEI</u>	SON TO BE CALLED IN CASE OF EMERGE	NCY OR ILLNESS WHEN PARENT CANNOT BE REACHED		
1.		Relationship to Student		
		Alternate Phone Number		
	2.	Relationship to Student		
		Alternate Phone Number		
STA	Y AND PLAY ATTENDANCE:			
	_ FULL TIME (every day)			
	PART TIME (circle) MON TUES WED THURS	FRI		
	_ AS NEEDED (send note to teacher)			
USI	JAL PICK UP TIME:			
	is the Stay and Play pickup access po your student out and retrieve backp			
		sons, Stay & Play will also close and you will be notified.		
If t	iere is a change of plans after 2:30pn	n please contact our Stay and Play Coordinator directly.		
\$9. \$11. \$13	your Incidental account—separate fr	ments. You will be billed monthly through FACTS on om your tuition bill. Please pay FACTS directly.		
	A \$ 10.00 Stay and Play reg FACTS ac	istration fee per family will be billed to your count with your first bill.		
em	employees to call the physician listed ab ergency room by ambulance, if necessar ween my child's physician and school he	Stay and Play is unable to reach me, I authorize Stay and Play pove and follow instructions, or take my child to the nearest ry. I also give permission for medical information to be shared ealth personnel and between school personnel and appropriate ol and Stay and Play staff.		
	Parent Signature	Date		