

# **SPUMC Weekday School Registration Packet**

## **Section A**



### **Includes:**

**Student Registration Form**

**Emergency Information Form**

**Acknowledgement of Receipt of Parent Handbook**

**I am registering my child for the:**

**PLEASE CIRCLE**

PMO class (Tues & Thurs)

2's class (Mon & Wed)

3 year-old class (Tues & Thurs) **ONLY IF M/W/F IS FULL**

3 year-old class (Mon, Wed, Fri)

4 year-old class (Mon, Wed, Fri)

4 year-old class (Mon thru Fri)

Child's Name \_\_\_\_\_  
(First) (Middle) (Last) (Nickname)

Child's Birth date \_\_\_\_\_ Child's Age \_\_\_\_\_

Parent #1 or Legal Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Parent Phone Number \_\_\_\_\_ Parent Occupation \_\_\_\_\_

Parent's Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_  
(work numbers will be used only in an emergency)

Parent #2 or Legal Guardian's Name \_\_\_\_\_

Address (if different from other parent's) \_\_\_\_\_

Parent Phone Number \_\_\_\_\_ Parent Occupation \_\_\_\_\_

Parent's Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_  
(work numbers will be used only in an emergency)

**Preferred E-Mail Address** \_\_\_\_\_

Religious Affiliation/Beliefs \_\_\_\_\_

Allergies/Health Concerns \_\_\_\_\_

An Individualized Care Plan-ICP (see Health Care Form) is required before the beginning of school for children with health care needs, including but not limited to FOOD ALLERGIES & FOOD INTOLERANCES. Your child's physician can use the same for that is used for public schools.

Siblings (names and ages) \_\_\_\_\_

**Office Use Only**

Registration Fee Paid: \_\_\_\_\_ (Amt) \_\_\_\_\_ Check#/Cash/Online Date: \_\_\_\_\_

Activity Fee Paid: \_\_\_\_\_ (Amt) \_\_\_\_\_ Check#/Cash/Online Date: \_\_\_\_\_

T-shirt Paid: \_\_\_\_\_ (Amt) \_\_\_\_\_ Check#/Cash/Online Date: \_\_\_\_\_

# Emergency Contact Information

Child's Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Parent (or Legal Guardian) \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Other Contact Numbers \_\_\_\_\_

Parent (or Legal Guardian) \_\_\_\_\_

Daytime Phone Number \_\_\_\_\_

Other Contact Numbers \_\_\_\_\_

In case of emergency, please list four people, in order of contact, if **YOU** cannot be reached.

Name and Relationship \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Name and Relationship \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Name and Relationship \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Name and Relationship \_\_\_\_\_

Phone Number(s) \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Practice \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Please list any known allergies for your child \_\_\_\_\_

I agree that any SPUMC Staff Member may authorize the physician of his/ her choice to provide emergency care in the event that neither the family physician nor I can be contacted immediately. This is done with the understanding that every attempt will have been made to contact the parents, the child's physician, and other persons listed for emergency contact.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent or guardian

## Acknowledgment of Receipt of Parent Handbook

\_\_\_\_\_  
Child's Name

\_\_\_\_\_ I acknowledge that I have received and reviewed the Parent Handbook.

\_\_\_\_\_ I understand that the handbook contains important information about the policies, procedures, and expectations of SPUMC Weekday School. I agree to abide by the guidelines outlined in the handbook and ensure that I communicate its contents with my child.

\_\_\_\_\_ I am also aware that revision of such policies and procedures can take place at any time and I will be made aware of any changes in writing.

\_\_\_\_\_ I understand that return of this form is required to retain my child's space in SPUMC Weekday School

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date