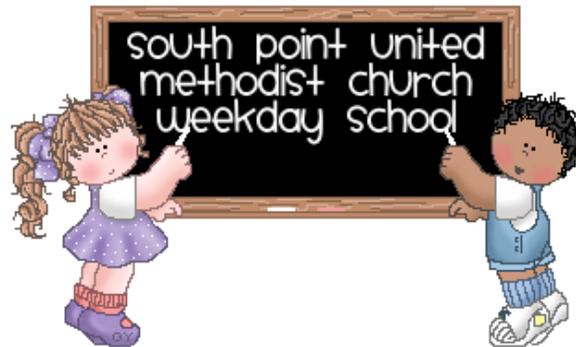


SPUMC Weekday School Registration Packet

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) _____

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