

# CHARLES STREET CHILD CARE REGISTRATION FORM

**Please read over the Program Guide before submitting a registration form**

STUDENT NAME \_\_\_\_\_

Teacher Name/Grade \_\_\_\_\_

A separate form must be filled out for each student

If known

**Parents/Guardians listed below will have access to student record and billing in Brightwheel**

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

Relation to student \_\_\_\_\_

Mobile number for Brightwheel \_\_\_\_\_

Alternate number during program hours \_\_\_\_\_

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

Relation to student \_\_\_\_\_

Mobile number for Brightwheel \_\_\_\_\_

Alternate number during program hours \_\_\_\_\_

**Parent(s)/Guardian(s) MUST provide TWO reliable contacts that can be reached during program hours if the parent/guardian is not available.**

Emergency Contact \_\_\_\_\_

Relation to student \_\_\_\_\_ Phone number \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relation to student \_\_\_\_\_ Phone number \_\_\_\_\_

## Medical information

**Check if applicable \* If Yes to any** —————> Does School Nurse have

\_\_\_ Asthma

medication in office?

\_\_\_ Heart condition

\_\_\_ Yes

\_\_\_ Seizures/Convulsions

\_\_\_ No

\_\_\_ Vision problems

**List any allergies below**

\_\_\_ Hearing problems

\_\_\_\_\_

\_\_\_ Speech problems

\_\_\_\_\_

\_\_\_ Emotional/Behavioral problems

\_\_\_\_\_

**Please refer to our Program Guide for more information on pricing**

Before Care: \_\_\_ Monthly \_\_\_ Flex

After Care: \_\_\_ Monthly \_\_\_ Flex

What time do you anticipate your child will be picked up after school? \_\_\_\_\_

July Summer Program \_\_\_\_\_

See flyer on webpage for more information on hours/pricing

**Your signature on this Registration Form indicated that you have read the information contained in the After School Program Guide and agree to abide by its contents.**

Signature \_\_\_\_\_