

CLOVER GARDEN SCHOOL

Home of the Grizzlies



Clover Garden School Before and After School Registration Form 2017-2018

Child's First Name: _____ Last Name: _____

Address:

Age: _____ Gender: _____ Grade: _____ Teacher: _____

Circle the type of care you request:

Before School (AM care) After School (PM care) Both Before (AM) and After School (PM)

Mother/Guardian	Father/Guardian
Name:	Name:
Address if different from child's address: _____ _____	Address if different from child's address: _____ _____
Call the following numbers to contact me during before or after school care hours: _____ _____	Call the following numbers to contact me during before or after school care hours: _____ _____
<small>We will contact you if necessary for sickness, injury, discipline issues, weather related closings & any other reason we deem necessary.</small>	<small>We will contact you if necessary for sickness, injury, discipline issues, weather related closings & any other reason we deem necessary.</small>
Email Address: _____	Email Address: _____
Where are you employed? _____	Where are you employed? _____
Employment Phone Number: _____	Employment Phone Number: _____

The following people are allowed to pick up my child from after school care:

Name:	Name:	Name:
Relationship:	Relationship:	Relationship:
Telephone #:	Telephone #:	Telephone #:
Is this an emergency contact? Yes No	Is this an emergency contact?	Is this an emergency contact?

Emergency Permission Form

I give permission to Clover Garden School Daycare staff to authorize emergency treatment and transportation of my child to Alamance Regional Medical Center Hospital.

Child's Name: _____ Parent Signature: _____

Field Trip Permission Form

I give permission for my child to attend any of the school field trips on teacher workdays. Transportation will be provided by CGS buses. I give permission for my child to be transported on daycare field trips.

Child's Name: _____ Parent Signature: _____

Child's Swimming Ability

(circle one)

Shallow End: 18"-2 feet Gradual: 3-4 Feet 4-5 Feet Area Diving Area: 6 Feet

Participation & Payment Agreement

My child & I have read, discussed & agree to abide by the rules, regulations & payment schedule for attending Clover Garden School before and after school program.

Child's Name: _____ Parent's Signature: _____ Date: _____