

Kindergarten Program Registration

Child's Name: _____

Please number sessions in order of preference.

_____ Session 1: July 12 – July 23
Morning (8:30-11:00) \$250

_____ Session 2: July 26 – Aug 6
Morning (8:30-11:00) \$250

Emergency Card

Student's Name: Last _____ First: _____ Middle: _____

Telephone #: _____ Date of Birth: / / Current Grade: _____

Student Address: _____

Home Email Address: _____

Mother/Stepmother's Name: _____ Home Tel. #: _____

Pager/Cell Phone #: _____

Father/Stepfather's Name: _____ Home Tel. #: _____

Pager/Cell Phone #: _____

Student's Doctor: _____ Tel. #: _____

Student's Dentist: _____ Tel. #: _____

Hospital of Choice: _____ Tel. #: _____

IN CASE OF EMERGENCY, IF PARENT CANNOT BE REACHED, CONTACT (Local Contacts Only)

Name: _____ Local Tel.#: _____

Name: _____ Local Tel.#: _____

In case of minor injury or illness, I give the School Staff permission to administer first aid or appropriate care.

Parent/Guardian Signature: _____

Does your child take daily medication at school? YES NO (If yes, please fax orders to (978) 392-1509.)

Does your child have allergies? YES NO (If yes, please specify.)

Does your child have any other health concerns?

Please use the back of this form for additional space.