



2015 Teacher Walkout Drop-in Program Sign up form

Children must be in Kindergarten-8th grade

Facility: _____

Please fill out all sections completely (mark N/A if a section does not apply) and sign where indicated. All participants must be signed in/out of the program each day by a parent or authorized person listed below.

Parent/Guardian Name (First & Last)			Relationship to Child <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent	
Day Phone	Cell Phone/Pager	Evening Phone	E-mail	
Address		City	ZIP	
Signature:				

Child's First and Last Name (List all attending)	Age	Birth Date	Gender	School	Grade
1)			Male Female		
2)			Male Female		
3)			Male Female		
4)			Male Female		

My child(ren) experience the following: Please list each item from the list that applies for each child.

ADD, ADHD, Developmental Disability, Asthma, Allergies, Asperger's Syndrome, Autism, History of Seizures, Hearing Impairment, Behavior Disorder, Mental Disability, Learning Disability, Physical Disability, Visual Impairment, Diabetes, Medication (note if medication would be taken during program hours).

Additional forms are required if your child has a medical condition. Forms are available at the Community Center.

1) Child's Name:	My child has behavioral challenges and I handle these in the following way:
Medical concerns:	
2) Child's Name:	My child has behavioral challenges and I handle these in the following way:
Medical concerns:	
3) Child's Name:	My child has behavioral challenges and I handle these in the following way:
Medical concerns:	
4) Child's Name:	My child has behavioral challenges and I handle these in the following way:
Medical concerns:	

EMERGENCY AND AUTHORIZED PICK UP CONTACTS

The Parent/Guardian named above will be contacted first in case of emergency (after 911). Please list non-registering parents, guardians, and others you would like us to contact if we cannot reach you. Person picking up child must be at least age 14.

First and Last Name	Relationship	Day Phone	Cell Phone	Evening Phone
1)				
2)				
3)				
4)				