(Please type/print using black/blue ink) **MILESTONES SCHOOL AGE REGISTRATION FORM – CHILD INFORMATION**

Child's Name: _____ Age: _____ Sex: _____ Date of Birth: _____

Street Address: _____ Child Resides With: _____

City/Zip: _____ Requested Starting Date: _____ Application Date: _____

Child's School:	Summer location requested:	Fall location requested:	Grade in 2013/2014 School Year: (circle) BB K4 K5 1 2 3 4 5 6 7 8

Parent/Guardian: _____

Address: _____

City/Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail:_____

Employer or Address during hours of Program operation

Name: _____

Address: _____

City/Zip: _____

Day Time Phone: _____ Occupation: _____

Parent/Guardian: _____

Address: _____

City/Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail:_____

Employer or Address during hours of Program operation

Name: _____

Address: _____

City/Zip: _____

Day Time Phone: _____ Occupation: _____

Family Status (check one)

❒ Married

❒ Separated

❒ Divorced

❒ Single

❒ Widowed

❒ _____

Physician or medical facility:

Name: _____

Address: _____

City/Zip: _____ Phone: _____

Emergency contact: (A person who can be notified during program hours when you are unavailable and who lives/works within 20 miles of the program.)

Name: _____

Address: _____

City/Zip: _____

Phones:

Home _____ Work _____ Cell _____

Relationship to child: _____

<u>In addition to parents</u>, persons authorized to pick up child: (Please indicate if 'NONE')

Name: _____

Address:_____

City/Zip: _____

Home _____ Work _____ Cell _____

Relationship to Child: _____

Name: _____

Address: _____

City/Zip: _____

Home _____ Work _____ Cell _____

Relationship to Child: _____

Departure Procedures for my child**:**

❒ go to school from the program site

❒ walk home from the program at _____pm (departure time)

❒ wait for authorized pick up

I give permission for my child to be photographed

For educational/news publicity purposes ❒ yes ❒ no

Billing Preference:

❒ 4 weeks/in advance ❒ 2 weeks/in advance ❒ credit card/4 weeks

Signature of Parent/Guardian Date:

FOR OFFICE USE ONLY

Processing Fee: _____ Acceptance: _____ Wait List Letter: _____ Cancel Date: _____ First Date of Attendance: _____