

W.E.Waters Middle School
21st Century After-School Learning Program
REGISTRATION FORM
2018-2019



Name: _____

Address: _____

Grade for 2018-2019 School Year: _____ Gender: Male/Female _____

Birthday: _____

Transportation Information (select one):

____ My child needs bus transportation.

____ My child will be picked up from W.E.Waters Middle School by **5:55 PM. Please be prompt!**

Photography Information:

_____ I understand that my child will take pictures as well as be photographed while participating in this program. Some pictures may be displayed or sent to the Department of Education for use with the 21st Century Program.

Insurance Information:

I understand that I accept liability for an injury that may occur. The insurance information that may be used in case of an emergency is as follows:

Insurance Company: _____

Allergies (food, medicine, etc.): _____

Contact Numbers:

Phone numbers that may be used to contact me in the case of an emergency are as follows:

Name: _____ Cell: _____ Home: _____
(Parent/Guardian)

Name: _____ Cell: _____ Home: _____
(Person to be contacted if I cannot be reached)

Parent's Signature: _____ Date _____