

Corrales International School

After Care Program

REGISTRATION

Child's Last Name: \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Siblings at CIS: \_\_\_\_\_

Would you like to receive After School Care information via email? (*circle one*) YES NO

If yes, please provide your email address: \_\_\_\_\_

Child Lives With:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Alternate Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Emergency Contact (Name/ Relationship): \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Alternate Number: \_\_\_\_\_

In the event of an emergency, every effort will be made to notify parents. If necessary, your child(ren) will be transported to the closest medical facility by emergency vehicle. We will continue to attempt to notify parents.

Initial: \_\_\_\_\_

Medical Alerts: \_\_\_\_\_

Allergies: \_\_\_\_\_

Dietary Alerts: \_\_\_\_\_

Restrictions: \_\_\_\_\_

Medications: \_\_\_\_\_

**Please note: CIS Aftercare Personnel cannot dispense any medications.**

The CIS After School Care program may include physical activities.

I do / do not (*circle one*) give permission for my child to participate in physical activities during the After School Care Program at Corrales International School. Initial: \_\_\_\_\_

Children are not allowed to leave the facility without being escorted by a parent or adult person authorized by parents or after-care personnel. Under no circumstances will CIS Aftercare release a child to anyone not identifies on the Registration Form or not otherwise know to school staff without specific written authorization from the parent/guardian who enrolled the child. It is the responsibility of the enrolling parent to provide legal documentation if a child is not to be released to a non-custodial parent or other individual. Initial: \_\_\_\_\_

Please list any other authorized adult persons who may pick up your child(ren) from the CIS Afterare Program who have not already been listed:

Name/Relationship: \_\_\_\_\_

Name/Relationship: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_