

Student Registration Form (Please complete all pages of this Registration Form - Please print)

Form Updated: July 22, 2019

STUDENT INFORMATION	ease complete an pages of this Regi	istration Form - I	Please pr	int)		Division of the	
Facility/Provider Name:	FUT THE COURT OF THE	School Year:	Grad	le Level:	Admissio		
			1	J. Deven	Aumissio	n-Date:	Discharge Date:
Child's Name: (First, MI, Last)	n 14 Sk Kawaka 1 Skaraka.	District District		• • • • • • • • • • • • • • • • • • • •			
	and the second of the second o	Birth Date:					pecial Needs:
Street Addisses	AL DE MANAGEMENT DE LA CONTRACTOR DE LA				nale 📙	Other	Yes No
Street Address:		City:		1.7.66克爾	State:	Zip:	经现场的 选为人位
Lunch Status:	Primary Language:	5 14677.39	9979-103	IEP:	4. p. 12. s.y. s.	Behavio	or Plan:
☐ Free ☐ Reduced ☐ Full Pay				☐ Yes	□ No	☐ Yes	
Race/Ethnicity: (Check one)		(2009) (13-13-13) (13-13-13) (13-13-13) (13-13-13) (13-13-13) (13-13-13) (13-13-13) (13-13-13) (13-13-13) (13	ara ka	Commente		1	nt:
☐ Black/African American ☐ Americ	can Indian/Alaska Native	☐ Hispanic or		.comments:0	n Chiu S L	evelopme	nt:
_	Asian (Indian, Afgani, etc)	☐ Middle Eas					
	sian (Chinese, Korean, etc)	☐ Multiracial	tom				
Other:	, , , , , , , , , , , , , , , , , , , ,	- Multitaciai					
Insurance Status:	Medical Issues:		Please lis	t any allergies	medicatio	ns or heal	lth problems:
☐ Employer Insurance ☐ Medicare	Allergies Hyperactivity	у .			,	iis, or , iich	mi-problems.
☐ Healthcare Exchange ☐ Medicaid	☐ Epilepsy ☐ Attention De	ficit Disorder					=
☐ Private Insurance ☐ Uninsured	☐ Diabetes ☐ Eyeglasses/C						
¥	☐ Asthma ☐ Hearing Aid	ontacts					
w.	Other:		has no spe	hild is in good lecial health or r	health, is ab	le to partic	ipate in group care,
	Conter.		·		-		
			☐ My ch	ild is able to pa equirements as	rticipate in	group care	but has special
Before admission additional information or support. Once the information is received of	accommodations may be requested						additional adult
documents are submitted for confirmation	to accomme ty	the program can	accommo	date the needs	of the child	l. Allow a	week after
AUTHORIZATION FOR EMERG	ENCY CARE						李公文也是这种
I understand that I will be notified at once in or hospital of my choice.	i case of an emergency with my chi	ild, and I will mo	ike arrang	ements for me	dical care o	f my child	with the physician
If I cannot be reached to make necessary are	rangements, or in a critical emerge	ncv requiring	edical car	a I authorine		,	projectina
	80	ney requiring m	earcut care	e, i uninorize			
-	Name o	f provider					
to contact the following:		y provider					
Physician or clinic name:		EDITED TO	物的語言		Phone Nun	iber:	
The contract of the state of th							
Preferred hospital:		基的的基本的基本的	Markey)		Phone num	ber:	Same Transfer to the same
EMERGENCY CONTACTS / DE Parent/Guardian) (Escorts should be relia	SIGNATED ESCORTS - (F	Persons author	ized to tal	ce vour child f	rom the pro	ogram oth	er than
Parent/Guardian) (Escorts should be relia	ible and able to pick up and/or m	ake emergency	/ aecision	s regarding yo	our child in	case of a	in emergency)
and the second s		Hon	ie Phone:		E-Mail Add	ress:	2021023
Relationship to Student:		Alt)	Phone:	Terrenta d	Authorized	to Pick-U	p Student:
			120		☐ Yes		□ No
Street Address:		Gity:		SERVICE STATE	CINICARRERA		
		J. S. C. L. C.	A.C. 12 (18. 4.)	on second second in	Diate: 22/28	Æ:[EZIP;U	
Contact Name		1100	Phone		and the same of th	100000000000000000000000000000000000000	
		ZACON	TO DE LA CONTROL	CONTRACTOR OF STATE	E-MAII/Au	iress:	
Relationship to Student:	A SHIDE OF THE SHIP WAS A SHIP WA	ADVITO DE SACRETA	Series de la constitución de la				
The second section of the second seco		Aiti	Phone:			to Pick U	p Student:
10-2-WRT-POTNIWDES-AVAM-				, [1	☐ Yes		□ No
Street Address:		City:		230,722,745 8	State:	SZin 2	
					- Balaki		THE PROPERTY OF THE PARTY OF TH



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PARENT/GUARDIAN INFORMATION										
Parent/Guardian's Name: (Firs	i, MI, Las	at)		TOTAL PAR				a grija er i navj		(44.17.1
Street Address:	13-11, 11-1.	医蒙古斯特氏 鐵板	Compression of	City:			State:	Zip	Transfer of the	and the
										1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Email Address:		TALLY TO LETTE O	Home Phone:		Cell Phone:		100	Work Phon	C.	9 200
										<u> </u>
Employment Status:	Mili	tary/Veteran- us:	Education L	evel:		In	surance:S	Status:	Markan	enistra 3
☐ Full Time Employed	1	Yes, Active Military					1 2.0			
		_		High School	2 Year Degree		Employ	er Insurance	☐ Me	dicare
Part Time Employed	'	Yes, Reserve Milita	ry 🛮 🗘 High Sch	ool/GED	4 Year Degree	70	Healthca	re Exchange	□ Ме	dicaid
☐ Not Employed or Student	0	Yes, Prior Service	☐ Trade/Ted	h School	☐ Post Graduate	4	Private I			isured
☐ Full Time Student	0 1	No, None	☐ Some Col	lege.		-				Suicu
☐ Part Time Student				60						
									٠	
Name of Employer or School:		Work/School Ad	ldress:	City:	State: Zip:	(A.4) 3	Work	School Sched	ule:	\$48000 (A
PARENT/GUARDIAN I	NFO	RMATION			27. 72.	11.2			* Parce	
Parent/Guardian's Name: (First,	MI, Last)		924年8月1日於				A 基础	的数数数	建模型等	reference.
Position and a substitute of the contract of the second	filter marks									
Street Address:	029/65/		Environski († 1741).	City:		and:	State:	Zip:		
Email Address:	e services	· ·								
Addition Additions a supply to the first state of the supply of the supp	1.0530W		Iome Phone:		Cell Phone:		112453	Work Phone		
Employment Status:	- National	SE Wigner State Committee	No.							
	Statu	ary/Veteran s:	Education Le	vel:		Ins	rance St	ātus:		
☐ Full Time Employed	□ Y	es, Active Military	Less Than	High School	2 Year Degree		Employe	Insurance	☐ Med	.+ 100/4-0
Part Time Employed	□ Y	es, Reserve Militar	y High Scho	ol/GED	4 Year Degree			e Exchange	☐ Med	
☐ Seeking Employment	□ Y	es, Prior Service	☐ Trade/Tecl	School	☐ Post Graduate		Private In		Unin:	
☐ Full Time Student	Пи	lo, None	☐ Some Colle	ege					_ O	urcu
Part Time Student										
Not Employed or Student Name of Employer or School:	SUCCESSOR!	- WEELING CONTRACT	Vigorophysics and address	- Correction						
·	arang pag	**************************************	aress:	-City:	State: Zip:		Works	chool Schedi	le:	7200
HOUGEHOLD										
HOUSEHOLD INFORM	ATIO	N	The state of the s					1	4.41	
☐ \$0 to \$9,999		oth parents			Programs/Sources of	Inco	LOCALIST S			19,500,73
☐ \$10,000 to \$14,999	250	other only		Child St			☐ TA			
☐ \$15,000 to \$19,999 .		ther Only		☐ Food St	-			employment		
☐ \$20,000 to \$29,999		oth Grandparents		☐ Medicai						
□ \$30,000 to \$49,000				☐ Veterans Compensation ☐ Daycare Voucher			OI			
☐ \$50,000 to \$99,000	and the second	nly Guardian			Voucher					
☐ \$100,000 or Greater				Other:						
Total Household Size:		in Household Und	er 18:	Alotalin'iHa	ousehold Over 18:35					

					:•					



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AGREEMENTS	
	Parent/Guardian Initials
I have received a copy of this facility's policies pertaining to the admission, care and discharge of children.	- The same Count dikit I billikis
I have been informed that a copy of the Licensing Rules for Group Child Care Homes and Centers is available at this facility for review.	
The provider and I have agreed upon a plan for continuing communication regarding my child's development, behavior and individual needs.	
I understand that my child may not be accepted for care; and that I will be contacted and must come to pick up my child from the program should he/she become ill while in care.	
I understand that before the first day of attendance by my child, I will provide proof of completed age-appropriate immunizations or exemption from immunizations.	
I understand falsifying or omission of information on this enrollment form may be cause for dismissal from the program.	
I understand the financial policies and that failure to abide by these policies could result in removal from the program.	
I understand that the data and information collected about my child is maintained in a secure computer database. I authorize ARCHS to maintain the data and information in a secure computer database.	
I understand that the school district will share academic information (e.g. grades, attendance, behavioral issues, etc.) with ARCHS and its after-school providers.	
I understand that I may request notice at any time if there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed.	
I have received a copy of "ARCHS' Media Release Form (Minors)" pertaining to ARCHS creation and distribution of media regarding at	terschool education After
I ☐ consent to the "ARCHS' Media Release Form (Minors)"	1
I DO NOT consent to the "ARCHS' Media Release Form (Minors)"	
I ☐ give permission for the facility to transport my child.	
I DO NOT give permission for the facility to transport my child.	
I \square give permission for my child to participate in surveys while attending the after-school program. I understand that participation in surkept strictly confidential, and will be used to improve service delivery at my child's program and other similar programs at the local and n	veys is voluntary, will be
I DO NOT give permission for my child to participate in surveys while attending the after-school program.	
I 🗌 give permission for field trips/excursions. I understand I will be notified in advance when they are planned.	
DO NOT give permission for field trips/excursions. I understand I will be notified in advance when they are planned.	
Parent/Guardian Signature	the total transport of the months of the contract of the contr
	Date: