

PBMS
“AFTER THE BELL”
2018-2019

Reg. Fee:	Monthly:	Punch card:	SJCSDE:	S/C:
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Child's Name:

First Middle Last Nickname

Nickname: _____ Birthdate: ___/___/___ Sex: M F Grade in 2018/19: _____

Mother's Name: _____ Father's Name: _____

Email: _____ I check email daily: Yes No

Mother's Home Address _____ Phone _____

Father's Home Address _____ Phone _____

Child resides with: Mother/Stepmother Father/Stepfather Both Other (Extended Family)

EMPLOYER INFORMATION:

Mother: _____ Wk Phone _____ Cell: _____

Father: _____ Wk Phone _____ Cell: _____

MEDICAL CONTACT:

Physician _____ Phone _____ Address _____

May PBMS call another physician if unable to contact the above? Yes No

CUSTODIAL RIGHTS: (Persons permitted to remove the child from school/Extended Day)

Father: Yes No Mother: Yes No Step-Parent: Yes N

If "No" to Father or Mother, we must have legal documentation on file in order to enforce

ALTERNATIVE CHILD PICK-UP/EMERGENCY CONTACT APPROVED LIST:

I hereby give the PBMS "After the Bell" Program permission to release my child to the following persons:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

SPECIAL INSTRUCTIONS AND/OR MEDICAL CONCERNS: _____

Today's Date _____ Signature of Parent/Guardian _____