



**Brevard Academy After-School Program
Registration Form**

**Fill out a separate form for each child enrolling in
Brevard Academy's After-School Program
Please Print**

Child's Name	Last:	First:
Child's Address		
City/State/Zip		
Date of Birth		
Gender	M	F
Grade		
Teacher		
Does your child have any medical issues we should know about?		

Parent/Guardian #1:
Phone: _____ Email: _____
Parent/Guardian #2:
Phone: _____ Email: _____

Sign –Out Information

Safety is priority for the Brevard Academy's After-School Program; therefore, no child enrolled in the BA after school program will be released from the program without a parent/guardian signature or that of one of the three individuals below. (Note: The names below must be of someone 16 years or older.)

Name:	Phone:	Relationship
Name:	Phone:	Relationship
Name:	Phone:	Relationship

Parent/Guardian Signature: _____ Date: _____

SITE COORDINATOR USE ONLY

Date application was received ___/___/___

First day of enrollment ___/___/___

Days that student will stay in after school care: (Please Circle)

Monday	Tuesday	Wednesday	Thursday	Friday
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