

Riverside School Age Care Registration Form

I have read and accepted the terms and agreements in the Riverside SAC handbook. I agree to the payment schedules as listed when I enroll my child/children in the program. I will provide a 2-week notice before making changes or terminating the enrollment.

Parent Signature

Date

Child's Name _____ Age ____ Grade ____ Teacher _____

Child's Name _____ Age ____ Grade ____ Teacher _____

Child's Name _____ Age ____ Grade ____ Teacher _____

Child's Name _____ Age ____ Grade ____ Teacher _____

We will attend; (For Planning purposes only) A **schedule will be required every 2 weeks!**

Monday AM ____ Monday PM ____

Tuesday AM ____ Tuesday PM ____

Wednesday AM ____ Wednesday PM ____

Thursday AM ____ Thursday PM ____

Friday AM ____ Friday PM ____

DROP IN CARE _____

Contact Information

Mother

Name _____

Address _____

CELL _____

Email _____

Father

Name _____

Address _____

CELL _____

Email _____

Emergency Contact Information

Emergency Contact will be used in the event that the parents cannot be contacted in the event of an emergency. Please list close relatives or friends in the Jackson area that be come to Riverside in the event they are needed. These contacts will have permission to pick your child up as well if necessary.

Name_____relationship_____Phone_____

Name_____relationship_____Phone_____

Name_____relationship_____Phone_____

Also list names of other individuals that have permission to pick up your child from SAC

Name_____relationship_____Phone_____

Name_____relationship_____Phone_____

Name_____relationship_____Phone_____

Health Concerns: Please list any health concerns that the SAC staff will need to know. The staff will have access to all school and health records – this will be kept on file with the SAC leader at the time of supervision.
