



2018-2019 Registration

Parent Information:

Mother's/Guardian Name: _____ Email: _____

Father's/Guardian Name: _____ Email: _____

Home Phone: _____

Mother's Work Phone: _____ Mother's Cell Phone: _____

Father's Work Phone: _____ Father's Cell Phone: _____

Child Information:

Student Name _____ Grade _____

Date of Birth: _____

EMERGENCY INFORMATION (If Parent is Not Available)

Adult Contact: _____ Relationship: _____

Emergency Phone: _____ Cell Phone: _____

Child's Medical Information

Any health problems which program sponsors should know: _____

Medication, if any: _____

Allergies, if any: _____

Special Concerns: _____

Any activities child should NOT engage in: *EST. 2017* _____

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Program Policies:

1. Each student must be enrolled in the program by a parent or legal guardian approval.
2. Your child will participate in each session until 5:00 PM. After that the student will be sent to aftercare.
3. I agree that, to my knowledge, my child is physically and medically able to participate in these activities. If any injuries do occur to my child, I also understand that the program sponsors will respond in the same manner that occurs during regular school hours.
4. Parent Handbook must be read and all stipulations agreed to prior to acceptance into the program.

Media Release Form

The BBGR sponsors may be videotaping and taking photographs of the children during the program. This documentation may be used in future brochures or posters as well as the School web page. This documentation may be used in presentations for the program. To ensure your privacy, we would like your permission to include your child in these photographs.

- My child does have permission for photographs to be used in future promotions or informational packages put together by the BBGR Program.
- My child does not have permission for photographs to be used in future promotions or informational packages put together by the BBGR Program.

Parent/Guardian Signature: _____ Date: _____

I have read and understood the BBGR Program Policies.

Student's Name: _____

Parent's Name: _____

Parent's Signature: _____

Parent's Name: _____

Parent's Signature: _____

Date: _____