



### Day School Registration Form

**Site:** Teach the Children Academy Grades Pre-K-12

**Operational Hours:** Monday-Friday (8:00 AM -2:00 PM)

**SCHOOL YEAR:** \_\_\_\_\_

STUDENT INFORMATION					
Last Name		First Name:		Middle Initial:	
Birth Date (m/d/y):		Student ID (Lunch ID):		Current Grade:	
Student's Address:				Apt:	
City/State:		Zip:	Phone Number:		
Student Resides With:		Current School:		Home Language:	
PARENT/GUARDIAN INFORMATION					
Check One: Mother Father Guardian			Check One: Mother Father Guardian		
Parent Name:		English Speaker: Yes No	Parent Name:		English Speaker: Yes No
Parent Address ( check if same as Student)			Parent Address ( check if same as Student)		
Home Phone:			Home Phone:		
Cell Phone:			Cell Phone:		
Work Phone:			Work Phone:		
Email Address:			Email Address:		
TRANSPORTATION INFORMATION					
Name of person responsible for Morning drop-off and afternoon pick-up.					
Drop-Off:			Phone:		
Pick-Up:			Phone:		
EMERGENCY CONTACTS (In case parent/guardian cannot be reached):					
Contact #1:			Contact #2:		
Phone #			Phone #		
Relationship to student:			Relationship to student:		



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<b>HEALTH INFORMATION</b>	This information may be shared with appropriate school or emergency personnel for your child's health and safety.
<b>Allergies, Medical Concerns. Medications (attach additional information if needed):</b>	
<b>Doctor:</b>	<b>Phone Number:</b>

Please carefully read each policy and initial to the right.	Initials
<b>FIELD TRIPS:</b> I give my permission for my child to attend educational field trips as a part of the program. I understand that I will be informed of the field trips scheduled in advance of the trip and can opt out at any time.	
<b>AUTHORIZATION OF TREATMENT:</b> I authorize the staff of Teach the Children Academy to provide basic first aid or to call additional medical care on my child's behalf in the event of an emergency, if I cannot be reached, or when delay would be dangerous to my child's health. Further, I understand I must complete any paperwork before any medication can be administered in the school. Lastly, I release Teach the Children Academy and its staff from any liability connected with my child's participation in Homeschool or After School Programs.	
<b>PHOTO RELEASE:</b> I hereby give permission for my child's pictures to be used by Teach the Children Academy and in press releases, websites, and other publications.	
<b>INTERNET USAGE:</b> I hereby give my permission for my child to use the internet, email, and other technologies from Teach the Children Academy and my child will adhere to all of the rules, regulations, and policies related to the internet, technology, and social media.	
<b>DISCIPLINE:</b> Homeschool/After School is meant to be a fun, educational and recreational experience. For the benefit and safety of all students, it is important that children behave appropriately during their attendance. Therefore, all students participating in the program must adhere to Teach the Children Academy Student Code of Conduct. Any disciplinary actions taken will follow the outlined procedures to include expulsion from the program.	

**By initialing and signing, I have read and agree to each item above.**

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_