



AFTER-SCHOOL PROGRAM
REGISTRATION FORM
2019-2020 SCHOOL YEAR

PLEASE COMPLETE THE FOLLOWING INFORMATION PRIOR TO YOUR CHILD'S FIRST DAY AT TURN AROUND TAMPA. PLEASE MAKE THE REGISTRATION FEE PAYABLE TO TURNAROUND TAMPA YOUTH

CHILD'S NAME	_____	Home Phone	_____
Mailing Address	_____	City/Zip	_____
Date of Birth	_____	Age	_____
School Attending	_____	Grade in August	_____

PARENT/GUARDIAN INFORMATION:

Mother	_____	Work Phone Number:	_____
Email Address	_____	Cell Phone Number:	_____
Place of Employment	_____	Work Hours:	_____
Father	_____	Work Phone Number:	_____
Email Address	_____	Cell Phone Number:	_____
Place of Employment	_____	Work Hours:	_____

WHO CAN YOUR CHILD BE RELEASED TO : (please name atleast two other people)

Name	_____	Name	_____
Address	_____	Address	_____
Phone	_____	Phone	_____

EMERGENCY CONTACT INFORMATION, IF PARENT IS UNAVAILABLE, PLEASE CONTACT:

Name	_____	Phone Number	_____
Address	_____		

A registration fee of \$25 per child per school year is charged for the After-School program. It is due upon submission of the registration form. There is no refund for early withdrawal from the program.

PARENTS WILL ALWAYS BE CONTACTED IN THE EVENT OF AN EMERGENCY

Office Use Only

Date Rec'd	_____	\$25 fee Rec'd	_____	(Cash/Check)	_____	Medical Consent	_____
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Information Received by _____

MEDICAL CONSENT FORM

THIS FORM MUST BE COMPLETED, AND RETURNED WITH REGISTRATION FORM PRIOR TO YOUR CHILD'S FIRST DAY OF ATTENDANCE TURNAROUND TAMPA YOUTH ACADEMY.

I, _____, parent/guradian of _____

give permission for any emergency medical treatment to be given to my son/daughter in the event of any emergency occurring at TurnAround Tampa Youth Academy's aftershcool program. Qualified medical personnel can admister

SPECIAL INSTRUCTIONS:(Allergies, medications taken, physical limitations, etc) BE SPECIFIC

AUTHORIZTION TO PRODUCE AND USE AUDIOVISUAL MATERIALS

I hereby voluntary and without compensation authorize the TurnAround Tampa

I understand that this grant of permissin shall only be revoked by a written

Name of Student

Name of Parent/Legal Guardiai

Date

Signature of Parent/Legal Guardian