

Student Name: _____

BEYOND THE BELL PRE-REGISTRATION 2023 - 2024

FATHER'S INFORMATION (who child resides with)

Father's Name: _____
Last First Middle

Cell Phone: _____ WK Phone 1: _____ Ext. _____

This parent is: Emergency Contact Allowed to Pick Up Child

MOTHER'S INFORMATION (who child resides with)

Mother's Name: _____
Last First Middle

Cell Phone: _____ WK Phone 1: _____ Ext. _____

This parent is: Emergency Contact Allowed to Pick Up Child

STUDENT'S INFORMATION

Student's Name: _____
Last First Middle

Preferred Name: _____ Grade Level (2023-2024): _____

Date of Birth: _____ Gender: _____

List Allergies (if any): _____

If your child is required to have prescription medicine for allergies or a medical condition, a "Prescription Medical Release Form" must be filled out by the doctor and returned to the BTB Director before any medicine will be dispensed to your child. These forms can be picked up in the Elementary Office.

The following persons have permission to pick up my child:

Name: _____
Last First Phone

Name: _____
Last First Phone

Name: _____
Last First Phone

Do not send money with your pre-registration. Your account will automatically be billed the first time your child attends the "Beyond the Bell" After School Program.