



# Beyond the Bell After School Program Registration Form



Student Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Grade 2019-20: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

**Parent Information:**

Parent 1 Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Parent 2 Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_

**Emergency Contact:**

Contact 1: \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_  
 Contact 2: \_\_\_\_\_  
 Relationship to child: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_

**Days Attending:** Please mark the days that your student will be attending.

Monday: \_\_\_\_\_  
 Tuesday: \_\_\_\_\_  
 Wednesday: \_\_\_\_\_  
 Thursday: \_\_\_\_\_  
 Friday: \_\_\_\_\_

**Attendance Policy:**

**It is expected that your student will be at BtB each day he/she is signed up for. If your son/daughter will not be at program on a scheduled day please contact the office before 2:30 pm. 608-624-5201x238**

**Transportation information:**

Would you like your student included in a bus route? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Location/address student is to be taken to after Beyond the Bell program: \_\_\_\_\_

**Parent Pick-up Information:** Student will be picked up by any of the following:

Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Name: \_\_\_\_\_ Name: \_\_\_\_\_

**Medical Information**

Does your student have any food restrictions, allergies, medical conditions we should be aware of? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please explain:

\_\_\_\_\_

\_\_\_\_\_

**Please initial below indicating that you agree to the following statements:**

\_\_\_\_\_ I will attend at least one (1) family night provided by Beyond the Bell.

\_\_\_\_\_ All individuals on this enrollment form have permission to pick up my student.

\_\_\_\_\_ My student will attend BtB program at least 3 days per week.

\_\_\_\_\_ Attendance below 60% may be dismissed from program.

\_\_\_\_\_ I will notify the office or coordinator if my student will not be attending on a scheduled day.

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Date)