



MIAMI-DADE COUNTY PUBLIC SCHOOLS

STUDENT REGISTRATION FORM:

AFTERSCHOOL ENRICHMENT PROGRAM

SCHOOL YEAR:

NAME OF SCHOOL:

LOCATION NUMBER:

STUDENT NAME:

STUDENT DSIS NUMBER:

LAST,

FIRST

AGE:

GRADE:

REGISTRATION DATE:

HOME ADDRESS:

ADDRESS

CITY

STATE

ZIP CODE

HOME PHONE:

WORK PHONE:

CELL PHONE:

E-MAIL ADDRESS:

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT NAME:

LAST,

FIRST

CONTACT'S RELATIONSHIP TO STUDENT:

HOME ADDRESS:

ADDRESS

CITY

STATE

ZIP CODE

HOME PHONE:

WORK PHONE:

CELL PHONE:

E-MAIL ADDRESS:

PERSON/S AUTHORIZED TO PICK UP CHILD:

LAST,

FIRST

LAST,

FIRST

LAST,

FIRST

STUDENT HAS PARENT/GUARDIAN PERMISSION TO WALK HOME:

YES

NO

OTHER DISMISSAL ARRANGEMENTS:

IN THE EVENT THAT NO PARENT OR GUARDIAN CAN BE CONTACTED, I GIVE PERMISSION FOR MY CHILD TO RECEIVE EMERGENCY MEDICAL TREATMENT.

YES

NO

SPECIAL NEEDS / OR OTHER PARENTAL INSTRUCTIONS:

PRINTED NAME OF PARENT / GUARDIAN:

PARENT/GUARDIAN SIGNATURE:

DATE:

(REVISED 04-11-22)