



Beyond the Bell at IHM

Registration 2019/2020

Student Information

Entering Grade _____

Name _____
Last First M.I.

Street _____

City State Zip

Mother/Guardian Custodial parent

Name _____
Last First

Home phone Work phone Cell phone

Email _____

Place of Employment _____

Father/Guardian Custodial parent

Name _____
Last First

Home phone Work phone Cell phone

Email _____

Place of Employment _____

****PLEASE INDICATE ALL SESSIONS NEEDED INCLUDING HALF DAY PROGRAM**

1) Full Time Before Care After Care Both

2) Part Time Before Care M T W Th F
(circle only days needed)

After Care M T W Th F
(circle only days needed)

3) Half Day Program

~over~

The following people are authorized to sign out my child(ren) from *Beyond the Bell*. Please note that a picture ID may be requested by staff.

1) _____
Name Relationship to child

_____ Home phone Work phone Cell phone

2) _____
Name Relationship to child

_____ Home phone Work phone Cell phone

3) _____
Name Relationship to child

_____ Home phone Work phone Cell phone

List any medical conditions, medications, allergies or special attention that your child might require:

Please list two emergency contacts:

1) _____
Name Relationship to child

_____ Home phone Work phone Cell phone

2) _____
Name Relationship to child

_____ Home phone Work phone Cell phone

In emergencies requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the care facility to have your child transported to that hospital.

Signature of Parent/Guardian Date



Please sign below and return this form with the non-refundable registration fee of \$15.00 per child for returning families or \$25.00 per child for a new family. Make checks payable to I.H.M.

Signature of Parent/Guardian