



# PARADISE CHARTER MIDDLE SCHOOL

*Small but Mighty*

## PCMS After School Program Registration

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work

#: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Emergency

Contact Person: \_\_\_\_\_ Cell #: \_\_\_\_\_ Emergency

Contact Person: \_\_\_\_\_ Cell #: \_\_\_\_\_ Any known

allergies: \_\_\_\_\_ Health related

information you want us to know: \_\_\_\_\_

\_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_ In

the event of an emergency, if you cannot be reached, do you give permission for us to contact 911?

\_\_\_\_\_ yes \_\_\_\_\_ no