

**SAFE Program Registration Form 2008-2009 - Please Print Clearly**

School/Safe Program Location child Attends: \_\_\_\_\_ Male Female

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone \_\_\_\_\_

Name of Person Paying: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

FEE: \$60.00 Semester/per child or  
\$120.00 Year/per child

Check one: Check Cash

Make checks payable to the WA-WM Recreation Department

**SAFE Enrollment Emergency Information**

Days Attending (please circle): Mon Tue Wed Thurs Fri Usual Time of Pick Up: \_\_\_\_\_

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

Allergies or Medical Concerns: \_\_\_\_\_

**Emergency Contacts**

In the event of an illness or emergency, we will always attempt to contact a parent first. In the event a parent cannot be reached, indicate who we have permission to contact:

1st Contact: \_\_\_\_\_  
First and Last Name Phone Number

2nd Contact: \_\_\_\_\_  
First and Last Name Phone Number

3rd Contact: \_\_\_\_\_  
First and Last Name Phone Number

**Pick Up Information**

It is the responsibility of the parent to notify the SAFE staff of who will be picking up their child and if any changes are being made. Indicate the people that are authorized to pick up your child:

Name	Phone Number
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____