

SAFE Program Registration Form, 2nd Semester, January 23-June 7, 2012

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 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: _____
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. _____	_____

Parent Signature: _____ Date: _____