Blue Wave After School Program at Micanopy Area Cooperative School
2021-2022 Registration

Student Information

Child's Name: _____ Sex:___ DOB:_____ Grade:___

My child will attend BWASP (circle which days apply):   M   T   W   Th   F   **OR**
My child is only attending on a varying schedule/drop-in basis (circle)?   Yes
Does your child have a sibling attending BWASP? _____
Is your student a child of a faculty member at MACS? _____

Family Information   Child Lives With: _____

Mother's Name: _____	Father's Name:_____
Address:_____	Address:_____
Cell Phone: _____	Cell Phone: _____
Email:_____	Email:_____
Employer:_____	Employer:_____
Address:_____	Address:_____
Work Phone:_____	Work Phone:_____

Medical Information

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor:_____ Address:_____ Phone:_____
Doctor:_____ Address:_____ Phone:_____
Hospital Preference:_____
Please list allergies, special medical or dietary needs, or other areas of concern:
_____
_____

Contacts

Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident, or emergency, if for some reason, the custodial parent or legal guardian cannot be reached.

Name: _____ Phone Number: _____
Name: _____ Phone Number: _____
Name: _____ Phone Number: _____
Name: _____ Phone Number: _____

(More on back)

Please submit a nonrefundable registration fee ($30 per family). Checks should be made payable to Blue Wave After School. Other methods of payment include cash or paying on Procare, our online childcare system.

Initial below:

_____ I have read and agree to the information given in the parent handbook

_____ I have received a copy of the Influenza Virus Brochure

_____ I have received a copy of the Distracted Adult Brochure

_____ Blue Wave After School Program has permission to use pictures of my child for promotional purposes.

- Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24)
- Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

_____   _____

Signature of parent/guardian   Date