

**CREC Magnet Schools—Medical Professions and Teacher Preparation Academy
2016-17 After Care Program Application**

Please complete this form and return to Beth Rich by September 10, 2016

Registration Information:

The Early Release Day After Care program will operate from 11:45 to 5:30, on the following days:

September 14, 2016	January 11, 2017	March 17, 2017
October 5, 2016	February 15, 2017	April 5, 2017
December 7, 2016	March 1, 2017	April 26, 2017
December 8, 2016	March 15, 2017	May 24, 2017
December 9, 2016	March 16, 2017	June 7, 2017

There is no After Care the day before Thanksgiving, the day before winter break or the last day of school.

Student Information:

Student Name(s)	Date of Birth	Grade	Teacher	M/F	Allergies

Parent/Guardian Information:

Parent/Guardian Name:		Relationship:
Address:		Student lives with (YES or NO)
Home phone:	Cell phone:	Work phone:
Email address:		

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Student(s) Name(s): _____

Emergency Contacts/Authorized to Pick Up:

(Please note that for the safety of your child(ren), we will not release them to any person not on this list)

Name	Relationship	Cell Phone	Work/Home Phone

Parent/Guardian Acknowledgement:

I/we have read, understand and agree to adhere to all of the policies, procedures and expectations outlined in the MPTPA Before/After Care Family Handbook.

In the event of an emergency, I/we authorize my/our child(ren) to be treated at _____ Hospital.

Parent/Guardian Name (please print)	Parent/Guardian Signature	Date

The following is for federal and state reporting purposes only:

Ethnicity (circle one)	American Indian	Asian	Black, not of Hispanic origin	Hispanic	White, not of Hispanic origin
What language did the student(s) learn to speak first?					
What is the primary language spoken by parents/guardians or other persons living in the student's home?					
What is the primary language spoken by the student(s) at home?					