

Advantage After-School 2017-18 Registration Form
Detroit Service Learning Academy



Student Information

Grade in 2017-2018 School Year _____

First Name _____ **Last Name** _____

Male _____ **Female** _____ **Age** _____ **Date of Birth** ____ - ____ - ____ **Teacher Name** _____

Address _____ **Zip Code** _____

Parent/Guardian _____ **E-mail** _____

Work Phone () _____ **Cell Phone ()** _____

Health Information

Has your child received all age appropriate screenings listed in the routine preventative health screenings recommended by the American Academy of Pediatrics? **Y/N** If No, Please Explain _____

Does your child have any physical, mental or emotional medical condition(s) that may interfere with full participation in the after-school program? **Y/N**

If Yes, Please Explain _____

Does your child have: Asthma? **Y/N** Epi Pen? **Y/N** Allergies or Special Needs? **Y/N** Other _____

If Yes, Please Explain _____

Emergency Contacts

Name:	Relationship
	Phone/Cell
Name:	Relationship
	Phone/Cell
Name:	Relationship
	Phone/Cell

Other Adults Authorized To Pick-Up Your Child

Name _____ **Name** _____

Name _____ **Name** _____

I acknowledge that I have read, understand and completed the registration form. I acknowledge that by signing this form all statements are true and I fully agree to the terms and conditions within the registration form. I further understand to complete the registration process additional information may be required.

Parent Signature

Date