

SY24 MIDDLE SCHOOL AFTERSCHOOL PROGRAM REGISTRATION FORM

It's preferred that you complete the online registration form at <https://forms.gle/YBsKt5HAXF2kdjdY8>

All information can be found on the Bak website at <https://www.palmbeachschools.org/msoa> under *School Info*

Students eligible for Free/Reduced Lunch may attend Before/Afterschool free of charge.

Please attach a copy of the free/reduced award letter to this registration.

School: _____ Date: _____

Student's Name: _____ Date of Birth: _____

Grade: _____ ID# _____ Cell Phone #: _____ Other phone #: _____

Director: Shakendra.Moorer@palmbeachschools.org

Home Phone: _____ Cell: _____ Business: _____

Legal Address: _____

Parent/Guardian: _____

Parent/Guardian email: _____

Family Physician: _____ Phone #: _____

Hospital Preference: _____

Persons authorized to pick up your child(ren) from our program: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Contact persons in event of an emergency if parents cannot be reached. Those listed are authorized to remove my child from the facility in an event of an emergency:

Name _____ Phone # _____

Address _____ Phone # _____

Name _____ Phone # _____

Address _____ Phone # _____

Does your child have any allergies? Yes _____ No _____ if yes, please list them: _____

Does your child need any medication while in our program? Yes _____ No _____ if yes, please list them: _____

Does your child have any medical issues/concerns that we should be aware of? Yes _____ No _____

Please specify: _____

Insurance: Company Name: _____ Expiration: _____ Policy No. _____

Parent/Guardian Name: _____ Signature: _____ Date: _____

*Unless there is a specific Custody Order from a Florida Court on file at the school, the child may be released to the non-custodial parent.