

FY24 MIDDLE SCHOOL AFTERSCHOOL PROGRAM

REGISTRATION FORM

LAKE WORTH MIDDLE SCHOOL

"I CAN" AFTERSCHOOL PROGRAM WILL START ON Wednesday, September 6, 2023

STUDENTS MUST REPORT TO THE CAFETERIA BY 4:10 P.M.

Students eligible for Free/Reduced Lunch may attend After-School free of charge.

STUDENT ID #: _____

Date: _____

Student's Name: _____ Last Name: _____

Grade: 6 7 8

Date of Birth: _____

Cell Phone #: _____ & _____

Home Phone: _____ Business Phone: _____

Legal Address: _____

Parent/Guardian: _____

Family Physician: _____

Hospital Preference: _____

Persons authorized* to remove your child(ren) from our program: _____

Name: _____ Phone No. _____

Name: _____ Phone No. _____

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 No. _____

Address _____ Phone No. _____

Name _____ Phone No. _____

Address _____ Phone No. _____

Do you grant permission to consult your family physician and/or send your child to the hospital emergency room in case of serious illness or accident? Yes _____ No _____

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 _____

Does your child have any medical problems of which we should be aware?

Yes _____ No _____

Please specify: _____

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

Signature of Parent/Guardian _____ 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.