THE SCHOOL DISTRICT OF PALM BEACH COUNTY

# Addendum to Afterschool Programs Registration

Any changes to the Afterschool Programs Registration form must be made below. Fill in applicable fields completely and return to the afterschool program.

Student Name _____

## CHANGE OF PROGRAM

- ☐ Add my child to AM care
- ☐ Withdraw my child from AM care Effective Date _____
- ☐ Add my child to Part Time (currently AM only)
- ☐ Add my child to Full Time (currently AM only)
- ☐ Change my child from PART TIME to FULL TIME effective the first day of new month
- ☐ Change my child from FULL TIME to PART TIME effective the first day of new month
- ☐ Withdraw my child from the afterschool program Effective Date _____

## CHANGE OF STUDENT INFORMATION

Student Name _____
(last, first, middle)

Student Address _____

Health Information _____
*(List all allergies, medical concerns, behavioral issues, physical limitations, and medications)*

## CHANGE OF PARENT/GUARDIAN INFORMATION

Custody _____
*(Must be accompanied by court/legal documents)*

Mother or Guardian Information

| Home Telephone | Day or Cell Telephone | Night or Cell Telephone | Address (house #, street name, apartment no., city, state, zip code) |
|---|---|---|---|
| | | | |

Father or Guardian Information

| Home Telephone | Day or Cell Telephone | Night or Cell Telephone | Address ((house #, street name, apartment no., city, state, zip code) |
|---|---|---|---|
| | | | |

## CHANGE OF EMERGENCY INFORMATION

☐ Add ☐ Delete

| Name (last, first, middle) | Relationship to Student | Home Phone # | Best Day Phone # |
|---|---|---|---|
| | | | |

☐ Add ☐ Delete

| Name (last, first, middle) | Relationship to Student | Home Phone # | Best Day Phone # |
|---|---|---|---|
| | | | |

Password _____
*(Limit the password to 10 characters or less.)*

➡ _____ _____
***Parent/Guardian Signature*** ***Date***

**FOR OFFICE USE ONLY**

☐ Update EZ Care Database ☐ Update Attendance Roster ☐ Update Sign Out Sheet ☐ Copy to School Office