

DEER PARK SCHOOL SATURDAY MORNING CLASSES 2023 STUDENT REGISTRATION FORM

Dates: February 18- March 25, 9:30 - 12:00 PM

| Student Name: | Home School: | | | | |
|--|--------------------|-----------------|---------------|--|--|
| Birth Date: Year Month Day_ | Gender: Male: | Female: | Other: | | |
| Home Number | Current Grade | IEP Yes | No | | |
| Parent/Guardian Name: | Phone | | | | |
| In emergency: Contact Name: | Phone Number | | | | |
| Does your child have any medical conditions? Yes No | | | | | |
| If yes, please give additional information: | | | | | |
| Does your child have any allergies that require an Epi-Pen? | | | | | |
| If yes, please ensure that the Epi-pen is with the child during the program hours. | | | | | |
| If yes, please give additional information: | | | | | |
| May your child participate in a nutritious snack program? Yes No | | | | | |
| Please describe any dietary restrictions: | | | | | |
| I hereby approve that my child atter Park School. | nd the Saturday mo | rning class pro | ogram at Deer | | |
| Signature of Parent/Guardian: | | | | | |

Note: Parent signature confirms that the proceeding information is current from the registration date. It is the responsibility of the parent/guardian to inform the school of any changes to this information. Any false or misleading information can be grounds for dismissal from the program.