

RIO RANCHO PUBLIC SCHOOLS
S.A.F.E. PROGRAM REGISTRATION FORM
2009-2010

(Please Print)

Student(s) are registering for: Before/After School Before Only After Only Weds Only

School Name: _____

STUDENT INFORMATION (1st CHILD)

Last Name _____
First Name

Street Address City State Zip Telephone Number

DOB: ____/____/____ Male Female Grade _____ Teacher _____

Does this child have any type of medical, physical, or mental condition? Yes No

Does this child have to take any prescription medication? Yes No

If yes to these two questions, you **MUST** complete the attached Medical Information Form, Authorization to Administer Medication (For Non-Asthma Medications) Form, and/or the Asthma Medication Form.

STUDENT INFORMATION (2nd Child)

Last Name _____
First Name

Street Address City State Zip Telephone Number

DOB: ____/____/____ Male Female Grade _____ Teacher _____

Does this child have any type of medical, physical, or mental condition? Yes No

Does this child have to take any prescription medication? Yes No

If yes to these two questions, you **MUST** complete the attached Medical Information Form, Authorization to Administer Medication (For Non-Asthma Medications) Form, and/or the Asthma Medication Form.

STUDENT INFORMATION (3rd CHILD)

Last Name _____
First Name

Street Address City State Zip Telephone Number

DOB: ____/____/____ Male Female Grade _____ Teacher _____

Does this child have any type of medical, physical, or mental condition? Yes No

Does this child have to take any prescription medication? Yes No

If yes to these two questions, you **MUST** complete the attached Medical Information Form, Authorization to Administer Medication (For Non-Asthma Medications) Form, and/or the Asthma Medication Form.

PARENT INFORMATION:

Mother's/Guardian's Last Name First Name _____
Home/Cell Telephone

Street Address City State Zip

Employed By: _____

Employer Telephone

Authorized to pick up child(ren) _____ Yes _____ No

Father's/Guardian's Last Name First Name _____

Home/Cell Telephone

Street Address City State Zip

Employed By: _____

Employer Telephone

Authorized to pick up child(ren) _____ Yes _____ No

Are there any special custodial arrangements? _____

EMERGENCY CONTACTS AND AUTHORIZED PICKUP

** You **MUST** list three contacts **

Name _____
Telephone Number _____
Relationship to Child

Name _____
Telephone Number _____
Relationship to Child

Name _____
Telephone Number _____
Relationship to Child

Name _____
Telephone Number _____
Relationship to Child

Name _____
Telephone Number _____
Relationship to Child

I understand that by signing this registration form, I have read and understand all of the information provided to me (in writing or on the SAFE Program web site), including the S.A.F.E. Before and After School fee schedule. I have filled out all of the information on the Registration, Medical Information, and Medication Information forms. I agree that it is up to me to advise the S.A.F.E. Before and After School Program Site Supervisor at my child(ren)'s school of any changes or updates concerning my child(ren).

Signature of Parent/Guardian filling out application:

Date: