2016-17 REGISTRATION

Millburn Before and Afterschool Care

Chila # 1 Fu	ıll Name			Birthdate		□ Boy □ Gi
My child att	ends 🗖 Millburn Elementary S	School	☐ Millburn Mi	ddle School		
Millburn Be	fore and Afterschool Care Start	Date	Teache	r	Gra	ıde
		PLE	EASE PRINT			
FAMILY INFO Legal Guard						
9	Name			R	elationship to Child	
Address			City		,	L Zip
Home Phone_	Cell	l Phone		Work Pho	ne	
Employer				Address_		
Legal Guard	lian #2					
			Relationship to Child			
						I 7in
Address			City		,	L ZIP
	Cell		·			·
Home Phone_		l Phone		Work Pho	ne	
Home Phone_ Employer	Cell	Phone	,	Work Pho	ne	
Home Phone_ Employer CHILD #1	Cell	Phone	GuardianSpecial C	Work PhonAddress	ne	
Home Phone_ Employer CHILD #1 PHYSICIAN_	lives with: Both Parents Mother	PhoneFather □Address_	GuardianSpecial C	Work Pho Address fustody Information	nePhone	
Home Phone_ Employer CHILD #1 PHYSICIAN_ Any allergies,	Cell	Father Address_	GuardianSpecial C	Work Pho Address fustody Information	nePhone	3
Home Phone_ Employer CHILD #1 PHYSICIAN_ Any allergies,	lives with: Both Parents Mother	Father Address_ s of which we shad Request for Ad	GuardianSpecial Coould be aware?dministration of Pro	Work PhoneAddress Sustody Information escription or Non-F	nePhone	3
Home Phone_ Employer CHILD #1 PHYSICIAN_ Any allergies, PMERGENCY	lives with: Both Parents Mother special problems, or physical limitation NOTE: If child(ren) require medication,	Father GAddress_ Sof which we shat a Request for Action case parent or	GuardianSpecial Conception of Programmer of	Work PhoneAddress Fustody Information escription or Non-Fuse reached?	nePhone	3
Home Phone_ Employer CHILD #1 PHYSICIAN_ Any allergies, FMERGENCY Contact 1 Relationship to	lives with: Both Parents Mother special problems, or physical limitation NOTE: If child(ren) require medication, CONTACT who can be contacted in	Father Address Address S of which we sh A Request for Address Case parent or Home Phone	GuardianSpecial Conception of Proguardian cannot be Address	Work PhoneAddress Fustody Information escription or Non-Fuse reached? Cell F	Prescription must be	e completed.
Home Phone_ Employer CHILD #1 PHYSICIAN_ Any allergies, FMERGENCY Contact 1 Relationship to	lives with: Both Parents Mother special problems, or physical limitation NOTE: If child(ren) require medication, CONTACT who can be contacted in	Father Address Address Sof which we sh A Request for Address Case parent or Home Phone	GuardianSpecial Concord be aware?dministration of Proguardian cannot bAddressAddressAddress	Work PhoneAddress Fustody Information escription or Non-Face reached? Cell F	Phone Phone Phone	e De completed.
Home Phone_ Employer CHILD #1 PHYSICIAN_ Any allergies, EMERGENCY Contact 1 Relationship to Contact 2 Relationship to	lives with: Both Parents Mother special problems, or physical limitation NOTE: If child(ren) require medication, CONTACT who can be contacted in b Child Child	Father	GuardianSpecial Conception of Proguardian cannot be AddressAddress	Work PhoneAddress Gustody Information escription or Non-Face reached?Cell F	Phone Phone Phone	e completed.
Home Phone_ Employer CHILD #1 PHYSICIAN_ Any allergies, EMERGENCY Contact 1 Relationship to Contact 2 Relationship to	lives with: Both Parents Mother special problems, or physical limitation NOTE: If child(ren) require medication, CONTACT who can be contacted in Child TIMES	Father	GuardianSpecial Concould be aware?dministration of Proguardian cannot boundedAddressAddressAddress	Work PhoneAddress Fustody Information escription or Non-Fore reached? Cell Forecast C	Prescription must be	e completed.
Home Phone_ Employer CHILD #1 PHYSICIAN_ Any allergies, FMERGENCY Contact 1 Relationship to Contact 2 Relationship to	lives with: Both Parents Mother special problems, or physical limitation NOTE: If child(ren) require medication, CONTACT who can be contacted in b Child Child	Father	GuardianSpecial Conception of Proguardian cannot be AddressAddress	Work PhoneAddress Gustody Information escription or Non-Face reached?Cell F	Phone Phone Phone	e De completed.

Millburn Before and Afterschool Care

	ıll Name	В	irthdate	🗖 Boy 🗖 Girl		
My child at	tends 🗖 Millburn Elementary S	School 🗖 Millburn Middle	School			
Millburn Be	fore and Afterschool Care Start	Date Teacher		Grade		
FAMILY INF Legal Guar First and Last	dian #1		Relationshi	p to Child		
Email:						
Address		City		, IL Zip		
Home Phone_		Cell Phone				
Employer		Work Phone				
Legal Guardian #2 First and Last Name			Relationship to Child			
Email:						
Address		City		, IL Zip		
Home Phone_		Cell Phone				
Employer			Work Phone			
CHILD #2	ives with: Both Parents Mother	☐ Father ☐ Guardian Special Custoo	dy Information			
PHYSICIAN_		Address		Phone		
	an a sial much laws and who siael limitation	s of which we should be aware?				
Any allergies,	speciai probiems, or physical ilmitation					
		a Request for Administration of Prescrip	otion or Non-Prescription	on must be completed.		
₩ I	NOTE: If child(ren) require medication, CONTACT who can be contacted in	n case parent or guardian cannot be rea	ached?	·		
EMERGENC	NOTE: If child(ren) require medication, Y CONTACT who can be contacted in	n case parent or guardian cannot be rea	ached?	, 		
EMERGENC Contact 1 Relationship t	NOTE: If child(ren) require medication, CONTACT who can be contacted in Child	n case parent or guardian cannot be rea Address Home Phone	ached?Cell Phone	·		
EMERGENC Contact 1 Relationship t Contact 2	NOTE: If child(ren) require medication, CONTACT who can be contacted in Child	n case parent or guardian cannot be rea Address Home PhoneAddress	ached? Cell Phone			
EMERGENC Contact 1 Relationship t Contact 2 Relationship t	NOTE: If child(ren) require medication, CONTACT who can be contacted in Child	n case parent or guardian cannot be rea Address Home PhoneAddress	Cell Phone			
EMERGENC Contact 1 Relationship t Contact 2	NOTE: If child(ren) require medication, CONTACT who can be contacted in Child Child	AddressAddressAddressAddressAddressAddressAddressAddressAddressAddressADAYS OF THE WEEK — circ	Cell Phone Cell Phone Cell Phone			

▶ Legal Guardian Signature