Mail: P.O. Box 1444, Grand Anse, Grenada, **Phone:** (473) 435-XCEL (9235), **Email:** futuresgrenada@hotmail.com

Helping you **today,** to excel **tomorrow,** to create an exceptional **future!**

2007/2008 REGISTRATION FORM

A. Student's Information

Student's Name_____ _____ **Gender:** M F
First Name Last Name

Birthday_____ _____ _____ **Age**_____
Month Day Year

Place Photo Here

Is this a new student? Y N

Grade _____ **Any Grade Repeated?**____

School Name_____
School Location_____
School Type: Public Private
Time School Finishes ____:____ **PM**
Name of Student's Teacher_____

B. Parent/Guardian Information

#1) _____ _____
First Name Last Name

Relationship to Student_____
Home Phone # _____ **Cell Phone #** _____
Work Phone # _____ **Place of Work** _____
Student's Cell Phone (if applicable) _____
Mailing Address _____
Nearest Landmark/Directions _____
Email Address _____
Student Lives With: Mother ☐ **Father** ☐ **Relative** _____

C. Additional Parent/2nd Guardian Information

#2) _____ _____
First Name Last Name

Relationship to Student_____
Home Phone # _____ **Cell Phone #** _____
Work Phone # _____ **Place of Work** _____
Mailing Address _____

D. Health Information

Health: Excellent ☐ Good ☐ Fair ☐ Poor (sickly) ☐

Please check any box that applies to your child:

	Yes	No
Allergies to food (please specify)	☐	☐
Allergies to medicine (please specify)	☐	☐
Allergies Other (please specify)	☐	☐
Asthma	☐	☐
Behavioural/Emotional Issues	☐	☐

	Yes	No
Convulsions/Seizures	☐	☐
Corrective Device (glasses, hearing aid, etc.)	☐	☐
Diabetes	☐	☐
Sickle Cell Anemia	☐	☐
Physical Disability	☐	☐
Other (please specify)	☐	☐

Does your child have special health care needs that require treatment and/or medication? Yes No
Please explain:

_____

Does your child take any medication for any condition or illness? Yes No

_____

Are there any activities your child cannot participate in? Yes No

_____

E. Pick-Up Permission

☐ I give permission for my child to leave on his/her own at dismissal time (6:30 PM)

☐ My child will be picked up by:

1. _____ _____
First Name Last Name
Phone _____ Relationship to Student _____

2. _____ _____
First Name Last Name
Phone _____ Relationship to Student _____

F. Services

Please ✓ check the box and initial beside the service(s) you would like for your child.

# of Days	Monthly Fee (no bus pickup, no snack)	Monthly Fee (incl. bus pickup, no snack)	Monthly Fee (no bus pickup, with snack)	Monthly Fee (incl. bus & snack)
2	$75 ☐	$90 ☐	$95 ☐	$110 ☐
3	$85 ☐	$100 ☐	$115 ☐	$130 ☐
4	$95 ☐	$115 ☐	$135 ☐	$155 ☐
5	$100 ☐	$125 ☐	$150 ☐	$175 ☐

How did you find out about the program?
Newspaper ☐ T.V. ☐ Radio ☐ Friend/Family ☐ Saw It ☐ Internet☐

i) I have been informed of the terms and conditions of using this service and do hereby agree to them. I also understand that the service is only responsible for picking up my child if he/she is in the designated pick-up location after school. I understand that the professional homework supervisors will monitor my child as he/she does homework, but do NOT guarantee that all work will be completed before I pick-up my child. I will therefore have to review homework on my own time. I understand that the snack I may have opted for my child to receive is for sustenance purposes only and does not replace "dinner".

ii) I understand that **in order to withdraw from the program I need to give 4 full week's notice in writing,** other wise payment will be due. Calling to inform of my child's withdrawal, keeping him/her home for extended periods of time (i.e. not using the bus service), and or failure to pay are NOT official withdrawals from the program and payment will still be due.

iii) Please note the centre will not be held responsible for theft of personal items, although each student's belongings will be stored as safely as possible. It is recommended that valuables be left at home and all school items be properly labeled with the student's name.

Guardian's Signature_____ Date _____

FOR OFFICIAL USE ONLY

Services:

Bus Pick-Up ☐ Snack ☐ Late Pick-Up (after 6:30) ☐

Payments:

Registration ($50) ☐ Monthly Payment = $_____

MONTH	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	Jun.
$	~~~~									
METHOD	~~~~									