



Student's Name:	DOB	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	Home Phone:	
City:	Zip:	

School for 2010-2011: 	Grade for 2010-2011: 
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Parent/ Guardian Information

Father's Name:	Mother's Name:
Authorized to pick up? Yes/No (list DL#)	Authorized to pick up? Yes/No (list DL#)
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
e-mail:	e-mail:
Child lives with: <input type="checkbox"/> father <input type="checkbox"/> mother <input type="checkbox"/> both parents <input type="checkbox"/> other: _____	


Medical Information

Name of Primary Physician:	Complete Address:
Phone #:	
Medical Conditions/Special Needs:	Medications:

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize MISD staff to arrange for emergency medical care for my child.

Signature of Parent or Legal Guardian: _____ Date _____ 

Permission to Release

The primary person picking up my child (include DL #): _____ 
 Relation to the child: _____

Please list all persons who are authorized to pick up your child. Your child will only be allowed to leave with the persons named. They will be required to show proof of identification. In the event of an emergency, the following persons may also be contacted: **(you MUST LIST two other people and #'s to contact in an emergency)**

Name/ Relationship	Driver's License #	Phone Number(s)

To add or drop persons from the list, written notice must be given to program staff in advance.

Please read and initial the following:

I confirm that my child's current health immunization information is on file at the designated campus. _____ **Initial**
 I recognize that tuition is due on the 1st, and if not made by the 20th, my child will be dropped from Club 360. _____ **Initial**
 I recognize that in the event my child's behavior becomes severely disruptive, unsafe to him/her self or others or my child does not respond to intervention, I will be called to pick him/her up immediately. _____ **Initial**
 I recognize that Club 360 staff members are not held responsible for my child's personal belongings. _____ **Initial**
 MISD Staff may take pictures/videos of events to use in displays, scrapbooks, presentations, and other related activities. Please initial whether you allow your child to be photographed/video taped. **YES** _____ **Initial** **NO** _____ **Initial**
 I acknowledge the district's acceptable use policy for computer use and recognize that the same policy applies to my child's use of computers in Club 360. _____ **Initial**
 I recognize that Club 360 staff are employees of MISD and, as such, are school officials who have access to my child's MISD records. Club 360 is not a part of the MISD academic program and, as such, student records reviewed by Club 360 staff will be utilized for reference only. Club 360 administration will engage in an individual and thorough review and assessment of any student's special needs or requests for accommodation. _____ **Initial**

Tuition Rate Information (check the one that applies)

- () Regular Student Rate \$250.00 /month () 2nd Child \$230.00/month () 3rd Child \$210.00/month
 () 4th Child \$190.00/month () 5th Child \$170.00/month
- () Reduced Lunch Rate: \$190/month
 My child _____ qualifies for the Reduced Lunch Rate*
- () Free Lunch Rate: \$170/month
 My child _____ qualifies for the Free Lunch Rate*
- () MISD Employee: \$125.00/month Name of employee _____
- () Waiver of Tuition: _____ Other: _____

**To qualify and receive the Reduced or Free Lunch Rate, our office will need to verify approval through Food Services.*

I HAVE COMPLETED ALL REGISTRATION INFORMATION TO THE BEST OF MY ABILITY. IN ADDITION, I HAVE READ THE REGISTRATION INFORMATION AND RECEIVED A PARENT HANDBOOK. I AGREE TO ABIDE BY CLUB 360 POLICY AND PROCEDURES. I WILL NOTIFY STAFF IN WRITING OF ANY CHANGES MADE TO THE INFORMATION ON THIS FORM.

Parent Signature _____
Date

FOR OFFICE USE ONLY:			
DATE REC'D: _____	BY: _____	START DATE: _____	
CHECK #: _____	AMOUNT PAID: _____	(circle one) <u>1st child</u> <u>2nd child</u> <u>3rd child</u> <u>4th child</u>	
Monthly Tuition Rate: _____	<u>MISD</u> <u>RED. LUNCH</u> <u>FREE LUNCH</u> (circle if one applies)		
Siblings? Where and specify location of payment: _____			

Club 360 does not discriminate against applicants on the basis of race, color, national origin, sex, age, religion, or disability status. Due to staffing and budgetary restrictions, and because Club 360 is not a part of the MISD academic program, certain restrictions apply for enrollment and each child's application will be reviewed individually for acceptance.