

**Satchel Ford Elementary School  
BRAVES Afterschool Program  
Registration Form  
2020-2021**

**Student Information**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Gender \_\_\_\_\_ Ethnicity \_\_\_\_\_

**Parent/Guardian Information**

**Mother**

**Father**

Name \_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_

\_\_\_\_\_

Cell/Other \_\_\_\_\_

\_\_\_\_\_

E-Mail Address \_\_\_\_\_

\_\_\_\_\_

Work Phone \_\_\_\_\_

\_\_\_\_\_

**Parent signature indicates receipt of BRAVES policy and procedure information. *There will be a \$1.00 per minute late charge per student for students not picked up by 6:00 PM.***

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

\$30.00 Registration Fee submitted \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

**PLEASE COMPLETE ALL INFORMATION ON THE BACK OF THIS FORM**

# BRAVES Afterschool Program Medical/Emergency Form

Student Name \_\_\_\_\_

Physician \_\_\_\_\_ Telephone # \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Telephone # \_\_\_\_\_

**Health Information** (Allergies, health concerns, activity restrictions, etc.)

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**Medications** (Please list any medications your child takes regularly)

Medication	Dosage
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Medication	Dosage
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**Emergency Contact Persons:**

Name	Relationship	Telephone #
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Name	Relationship	Telephone #
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Name	Relationship	Telephone #
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**I give the following persons permission to pick up my child:**

Name	Relationship	Telephone #
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Name	Relationship	Telephone #
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Name	Relationship	Telephone #
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Parent/Guardian Signature