

**Satchel Ford Elementary School  
BRAVES Afterschool Program  
Registration Form  
2022-2023**

**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

\$20.00 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

_____	_____
Medication	Dosage

**Emergency Contact Persons:**

_____	_____	_____
Name	Relationship	Telephone #

_____	_____	_____
Name	Relationship	Telephone #

_____	_____	_____
Name	Relationship	Telephone #

**I give the following persons permission to pick up my child:**

_____	_____	_____
Name	Relationship	Telephone #

_____	_____	_____
Name	Relationship	Telephone #

_____	_____	_____
Name	Relationship	Telephone #

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Parent/Guardian Signature