



****Please attach or email a recent picture of your child.**

Registration Form

Child's Last Name _____ First Name _____ Nickname _____

Sex M or F Age _____ DOB _____ Grade _____

Teachers Name _____

Email Address _____

Best Cell Phone # for Text Message Alerts: _____ Cell Phone Company _____

Mother's Name _____ Home # _____

Address _____ Cell # _____

Father's Name _____ Home # _____

Address _____ Cell # _____

Guardian is: Both _____ Mother _____ Father _____ Other _____

Please notify us in writing of any special custody situations.

Emergency Contacts (other than parents)

1. _____ Relationship: _____

Phone (Home) _____ (Cell) _____

2. _____ Relationship: _____

Phone (Home) _____ (Cell) _____

Allergies (Include RX) _____ Epi Pen Provided _____

Medications _____

Special Medical Information _____

Insurance Company _____ Policy Number _____

Family Doctor _____ Phone Number _____

Any other info/needs we should be aware of _____

Release Information

The following below individuals including guardian(s) unless otherwise noted, and our emergency contacts have our consent to pick up our child(ren) from the Cohasset Public Schools Before and After School Program.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

If someone other than those listed will be picking up our child, I/we will notify the program, either in writing or by phone. **Children will not be released to unauthorized adults, including other parents of children in the Program, without written consent.**

Parent/Guardian Signature _____

Date _____