

# Olympic Hills Elementary School After School Enrichment Program Registration



Please complete the following information (please print).

Student Name: _____	
Student Date of Birth: _____	Grade: _____
Teacher: _____ Room # _____	
Male _____	Female _____

Name of Parent(s)/Guardian(s) _____	
Address: _____	
Home Phone : _____	Work Phone : _____
Cell Phone: _____	Email: _____

Note: If any of the above information changes, please notify the school office at (206) 252-4300.

## EMERGENCY CONTACT INFORMATION

List two emergency contacts other than those listed above:

Name	Relationship	Phone Number	Phone Number

Please List the adults that have permission to pick your child up from their after school class:

\_\_\_\_\_

## MEDICAL PROBLEMS/ALLERGIES:

## MEDICAL RELEASE

In case of an emergency, I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_ authorize and consent to emergency medical, surgical, hospital care, treatment and procedures deemed immediately necessary by a physician to safeguard my child's health if I cannot be contacted. I waive my rights of informed consent to such treatment. I also authorize a copy of this consent form to be treated with the same authority as the original.

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

## PHOTO RELEASE

Does Olympic Hills Afterschool Programs have permission to use photos of your child in educational or promotional materials? Yes: \_\_\_\_\_ No: \_\_\_\_\_