

REBEL CARE REGISTRATION

There is a **\$20/child** non-refundable registration fee that will be charged to your **FACTS** account. The registration fee includes new and old students.

PERSONAL INFORMATION

Child's Name _____ Grade _____ Teacher _____
Child's Name _____ Grade _____ Teacher _____
Child's Name _____ Grade _____ Teacher _____

Home Address _____
City _____ State _____ Zip _____

Father's Name _____ Cell Phone _____
Employer _____ Work Phone _____
Email _____

Mother's Name _____ Cell Phone _____
Employer _____ Work Phone _____
Email _____

PICK-UP AND EMERGENCY CONTACTS

Please list below who may pick up your child from Rebel Care and/or able to make medical decisions for child(ren) listed above.

Name _____ Phone _____
Name _____ Phone _____
Name _____ Phone _____

Please list all concerns, allergies, or needs that we need to know about your child.

Doctor's Name _____ Phone _____
Hospital Preference _____ Phone _____

This certifies that permission is given to TRA to seek medical treatment for the names listed above, in the event that parents or emergency contacts cannot be reached immediately.

Signature of Parent/Guardian _____ Date _____

**REBEL CARE CONTACT:
NATALIE SMITH, REBEL CARE DIRECTOR
CELL 901-409-0075
EMAIL NSMITH@REBELMAIL.NET**