***MAC WILL BE CLOSED May 26th, 27th and Mon. May 30th, & Mon., July 4th**

Franklin Special School District MAC Program
2022 Summer MAC Registration Form

REGISTRATION DEADLINE: Friday, May 20th

MATERIALS FEE ATTACHED
DATE PAYMENT RECEIVED: **RECEIVED BY:**

$35.00 Non-refundable materials fee charge per child. Please do not include payments with the materials fee.

CHILDREN TO BE ENROLLED:

LAST NAME, FIRST NAME	T-SHIRT SIZE (Indicate Adult or Youth)	SCHOOL	GRADE 21-22	DATE OF BIRTH
1.				
2.				
3.				

Have children been enrolled in MAC previously? If so, where? ____________________

Ethnicity (choose one) _____ **Hispanic** _______ **Not Hispanic, Latino or Spanish origin**

Race(Choose all that apply) _____**American Indian/Alaskan Native** ______**Asian** ______**White**

______**Pacific Islander/Native Hawaiian** _______**Black/African American**

PARENT INFORMATION:

PRIMARY PARENT/GUARDIAN: ____________________

EMAIL: ____________________

HOME PHONE: ____________________ **CELL PHONE:** ____________________

ADDRESS:____________________ **ZIP CODE:**__________

EMPLOYER: ____________________ **WORK PHONE:**__________

SECONDARY PARENT/GUARDIAN: ____________________

EMAIL: ____________________

HOME PHONE: ____________________**CELL PHONE:** ____________________

ADDRESS:____________________ **ZIP CODE:**__________

EMPLOYER: ____________________ **WORK PHONE:** __________

FOR CHILD'S SAFETY,

LIST ALL PERSONS INCLUDING PARENTS TO WHOM CHILD MAY BE RELEASED:
(DO NOT LEAVE BLANK)

NAME	PHONE	NAME	PHONE

LIST ALL PERSONS TO WHOM CHILD <u>MAY NOT</u> BE RELEASED:
(Parent must provide legal documentation to support this request if person listed is a parent of the child.)

____ ____

____ ____

EMERGENCY INFORMATION

Name of person, other than parent, authorized to act for the parent in an emergency: DO NOT LEAVE BLANK

NAME: ____ **RELATION:** ________________________________

HOME PHONE: _________________________________ **CELL PHONE:** _____________________________

ADDRESS: ____ **ZIP CODE:** ______________

EMPLOYER: ____ **WORK PHONE:** ________________

NAME OF CHILD'S PHYSICIAN: ___________________________________ **PHONE NUMBER:** ____________

Child's Health is: Excellent: ____________ **Good:** ____________ **Fair:** ________ **Poor:** ____________

Please describe any medical conditions including allergies.

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____

MEDICATION

Please list all prescription medication that your child takes on a daily basis. We would like to be aware of any medicines your child takes to provide this information to medical personnel in case of an emergency. Please refer to the Parent Manual for details on dispensing of medication while in MAC.

NAME OF MEDICATION	DAILY DOSAGE	REASON PRESCRIBED

In the event of an emergency, I hereby give permission to MAC staff to secure proper medical treatment for my child if I cannot be reached, I hereby give permission for emergency personnel selected by MAC staff to order x-rays, routine tests and treatment for the health of my child. I also give permission to emergency personnel selected by MAC staff to hospitalize, secure proper treatment for, and to order injection and/or surgery of my child.

____ ________________________
Printed Name of Parent/Legal Guardian **Date**

____ ________________________
Signature of Parent/Legal Guardian **Date**