

REGISTRATION FORM GRADE K-6th

Child(ren) Name(s): _____

Grade(s): _____

Home Phone: _____ Cell Phone _____

Home Address: _____

In the event of an emergency, please provide the following information:

Health Insurance Name and Number _____

Insurer's Name _____

Two Emergency Contact Names:

1.) Name: _____ Phone: _____

2.) Name: _____ Phone: _____

Medical Ailments, allergies and Medication
needed: _____

CHILDREN MUST BE TOILET TRAINED.

I, parent/guardian of _____
do hereby release the Gateway Regional District Schools and its agents,
and employees from any liabilities while my child participates in the Wrap
Wrap Around program sponsored by Littleville Elementary School. Please
return form by ASAP

Date: _____ Parent/Guardian Signature: _____

PRINT SIGNATURE: _____

E-Mail _____