

**HANDLEY MIDDLE SCHOOL
JUMPSTART REGISTRATION FORM**

You must notify the school office in writing of any changes to the following information.

PERSONAL INFORMATION:

Student's Complete Name: _____
Age: _____ Sex: _____ Race: _____ Grade: _____ HR Teacher: _____
Mailing Address: _____ Home Address: _____
City : _____ State: _____ Zip Code: _____ Phone #: _____
Parent/Guardian Name(s): _____
Place of Work: _____ Work Phone #: _____

EMERGENCY CONTACT INFORMATION:

List those other than yourself who has permission to pick up your child:

Name: _____ Phone #: _____
Name: _____ Phone #: _____

MEDICAL INFORMATION:

Physician's Name: _____ Phone #: _____
Describe any medical conditions that your child has that we need to be aware of:

Should my child, _____, become ill or suffer an accident of any type while attending the Jumpstart Program, I will be contacted immediately. In the event I cannot be reached, designated employee(s) of the program are authorized to secure the consent to such medical attention, treatment or services as may be deemed necessary. Any qualified person providing such medical attention may accept such consent as if given by me in person. I agree to assume responsibility for payment of the medical cost incurred.

Signature of Parent/Guardian

Date

I understand that I am required to pay full tuition of **\$5.00 per week**, regardless of attendance, for the days my child is registered to attend. I also understand that **PAYMENT IS DUE IN ADVANCE. If for any reason my child is behind on payment for two or more weeks, I understand that my child will be automatically removed from the Jumpstart Program until payment is received in full.** (Make checks payable to Handley Middle School.)

Signature of Parent/Guardian

Date