

Jamestown Recreation Center
Student Registration Form
Grades 4th-6th, Mondays-3-5 and Saturdays 12-2pm
October 24th –April Vacation

Student Information

First Name _____ Middle initial _____ Last Name _____
Birthdate _____ Age _____ Male ___ Female ___

<u>Ethnicity:</u> Check all that apply		<u>Yes</u>	<u>No</u>
American Indian/Alaskan Native	___	Special Needs: _____	___
Asian/Pacific Islander	___	Special Education: _____	___
Black/African American	___	IEP: _____	___
Hispanic/Latino	___	School Attending: _____	
White	___	_____	
Refused/Not Specified	___	Grade: _____	
Other _____			

Parent Information

Parent/Guardian (1)	Parent/Guardian (2)
First Name _____	First Name _____
Last Name _____	Last Name _____
Relationship _____	Relationship _____
Home Phone _____	Home Phone _____
Work Phone _____	Work Phone _____
Cell Phone _____	Cell Phone _____
Email _____	Email _____
Street Address _____	Street Address _____
City _____	City _____
State _____	State _____
Zip _____	Zip _____

Emergency Contact: _____ Phone: _____

Transportation

I give permission for my Son/Daughter to leave before 5:00pm: Yes ___ No ___
I give permission for my son/daughter to walk home upon dismissal: Yes ___ No ___

Medical Information:

Allergies: No ___ Yes ___ (please list)

Medicine: _____

Parent/Guardian Signature: _____ Date: _____