

*Reilly Elementary Before School Program*

*2017-2018 Enrollment form*

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone number: \_\_\_\_\_

Parent email: \_\_\_\_\_

*Emergency Contact information*

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Does your child have any allergies: YES / NO      If yes, list below:

\_\_\_\_\_  
\_\_\_\_\_

My child will be attending the program Monday through Friday: YES \_\_\_\_\_ NO \_\_\_\_\_

My child will be attending the program at (select one):      7:00am      7:30am      8:00am

If your child will not be attending the program Monday through Friday please list the days he/she will be attending: \_\_\_\_\_

**All participating students must be brought into the main office and signed in each day.**