

JumpStart Afterschool Program
(check below)
1821 Meadowview Road, Sacramento CA 95832
Call me at _____

Meeting Time Availability
8/26____ 8/27____

REGISTRATION FORM

Child's Name: _____ Birth date: _____ Grade: _____

Address: _____ City: _____ Zip: _____

Phone: _____ School: _____

Parent Information (Father or Guardian): _____

Address: _____ Phone: _____

Parent Information (Mother or Guardian): _____

Address: _____ Phone: _____

With whom does the child live? _____

Child may walk home: _____
Parent or Guardian's Signature

Child may be taken home by: _____
Names of Individuals who may take child home besides Parent or Guardian

To which address should information be mailed? _____

HEALTH RECORD

Date of last tetanus shot: _____ Any active reaction? Y N

If yes, explain _____

Check if child has had the following and give details below:

Heart Trouble Epilepsy Asthma Diabetes Allergies Rheumatic Fever

Details: _____

EMERGENCY NUMBERS

(If we are unable to reach a parent or legal guardian, we will call one of these numbers.)

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____
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REGISTRATION FORM

MEDICAL RELEASE FORM

I, _____, the undersigned,
Parent/Guardian Name

residing at _____, _____, _____
Parent/Guardian home address city state

and is the parent/guardian of _____,
Child's Name

a minor, age _____ born _____,
D.O.B.

residing at _____, _____, _____
Child's home address city state

herein authorizes the adult sponsor, _____ of JumpStart to
Mentor's Name

consent to any x-ray, examination, anesthetic, medical or surgical supervision and on the advice of any physician or surgeon licensed to practice in the state of treatment, when the need for such treatment is immediate, and when efforts to contact me are unsuccessful.

Signature of Parent or Guardian

Date

Family physician's name, address and phone _____

Is there any further information that might help us better care for your child?

MEDIA RELEASE FORM

I grant permission to utilize any photographs, motion picture film, and video tape, or voice recordings taken of my kid, named above, while in the program for the purpose of promoting the JumpStart program.

Parent or Guardian