

**Chilton County Schools  
After School Adventures  
Registration Form  
2022-2023**

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

School: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Limited English: \_\_\_ Yes \_\_\_ No

Mother/Guardian Name: \_\_\_\_\_ Employment: \_\_\_\_\_

Mother/Guardian Phone Number(s): \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Employment: \_\_\_\_\_

Father/Guardian Phone Number(s): \_\_\_\_\_

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

**Medical Information:**

Permission to seek medical treatment if unable to reach parents: \_\_\_\_\_ Yes \_\_\_\_\_ No

Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Student Medical Conditions: \_\_\_\_\_

Student Medications: \_\_\_\_\_

Student Allergies: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Accident Insurance: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

**Additional Contact Information:**

Name and phone # of the persons to call in an emergency (other than parents):

Name \_\_\_\_\_ Phone# \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Phone# \_\_\_\_\_ Relation \_\_\_\_\_

The following individuals are not allowed to have contact with my child:

Name: \_\_\_\_\_ Court Order on file: Yes \_\_\_\_\_ No \_\_\_\_\_

Name: \_\_\_\_\_ Court Order on file: Yes \_\_\_\_\_ No \_\_\_\_\_

I give permission for my child to be included in after school program photographs and videos. Yes \_\_\_\_\_ No \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_