

FOR SCHOOL USE ONLY	
Applicant, please do not fill in this area.	
Registration fee paid on _____	Date _____
<input type="checkbox"/> Check # _____	Receipt # _____
<input type="checkbox"/> Cash	Staff Initials: _____
<input type="checkbox"/> Money Order	_____

# E. R. Dickson Elementary

## Tiger Care Program, Grades K-5

4645 Bit & Spur Road  
Mobile, AL 36608  
Office (251) 221-1180 Fax (251) 221-1185

Please check one:  A.M. only  P.M. only  Both A.M. & P.M.

### General Information – Please **PRINT** all information neatly.

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade (for year registering for) \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Child's Birth date: \_\_\_\_\_  
(Teacher for the year child will be attending - Leave blank if unknown i.e. school hasn't started/teacher not assigned yet.)

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
(or Guardian # 1) (or Guardian # 2)

Mother's Work #: \_\_\_\_\_ Father's Work #: \_\_\_\_\_

Mother's Cell #: \_\_\_\_\_ Father's Cell #: \_\_\_\_\_

### Medical/Emergency Information

Does your child have any allergies or health conditions/concerns? \_\_\_\_\_ No \_\_\_\_\_ Yes\*  
\*If yes, list allergies and/or health conditions/concerns (ex. nosebleeds, seizures, etc.). \_\_\_\_\_

Other than parents, who can we contact in an emergency? List the name and phone number of each.

1. \_\_\_\_\_ Phone # \_\_\_\_\_
2. \_\_\_\_\_ Phone # \_\_\_\_\_
3. \_\_\_\_\_ Phone # \_\_\_\_\_

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

*We will seek medical treatment as necessary if we are unable to reach a parent or designee in a health emergency.*

### Pick-up Information

In addition to the parents, list the names and phone numbers of others who are allowed to pick up the child. ID will be checked.

1. \_\_\_\_\_ Phone # \_\_\_\_\_
2. \_\_\_\_\_ Phone # \_\_\_\_\_
3. \_\_\_\_\_ Phone # \_\_\_\_\_
4. \_\_\_\_\_ Phone # \_\_\_\_\_

**The non-refundable registration fee should be paid when you submit this form.**

I understand that my child(ren) will be expected to abide by the rules and policies set for the Tiger Care Program. Failure to do so may result in dismissal from the program. I am aware that weekly payments are due on Monday of each week (or the first school day of the week when school is out on Monday), and a late fee will be charged per child when payment is not made on time. A late fee will also be due if my child is picked up late.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Complete other side. →