



# Beyond the Bell at IHM

Registration 2017/2018

Student information

Entering Grade \_\_\_\_\_

Name \_\_\_\_\_  
Last First M.I.

Street \_\_\_\_\_

City State Zip

Mother/Guardian  custodial parent

Name \_\_\_\_\_  
Last First

Home phone work phone cell phone

Email \_\_\_\_\_

Place of Employment \_\_\_\_\_

Father/Guardian  custodial parent

Name \_\_\_\_\_  
Last First

Home phone work phone cell phone

Email \_\_\_\_\_

Place of Employment \_\_\_\_\_

PLEASE INDICATE ALL SESSIONS NEEDED INCLUDING HALF DAY IF APPLICABLE

1) Full Time Before Care  After Care  Both

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2) Part Time Before Care  M T W Th F  
(circle only days needed)

After Care  M T W Th F  
(circle only days needed)

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3) Half Day Program

The following people are authorized to sign out my child(ren) from *Beyond the Bell*. Please note that a picture ID may be requested by staff.

1) \_\_\_\_\_  
Name Relationship to child

\_\_\_\_\_ Home phone Work phone Cell phone

2) \_\_\_\_\_  
Name Relationship to child

\_\_\_\_\_ Home phone Work phone Cell phone

3) \_\_\_\_\_  
Name Relationship to child

\_\_\_\_\_ Home phone Work phone Cell phone

List any medical conditions, medications, allergies or special attention that your child might require:

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Please list two emergency contacts:

1) \_\_\_\_\_  
Name Relationship to child

\_\_\_\_\_ Home phone Work Phone Cell phone

2) \_\_\_\_\_  
Name Relationship to child

\_\_\_\_\_ Home phone Work Phone Cell phone

In emergencies requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the care facility to have your child transported to that hospital

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



Please sign below and return this form with the non-refundable registration fee of \$25.00 per child for new families, \$15.00 per child for returning families. Make checks payable to I.H.M.

\_\_\_\_\_  
Signature of Parent/Guardian