

At-School Program Registration Form



Student Name:		School Attending:
Grade/Teacher:	Sex:	Class Attending:
Known Allergies/Action Plan:		
Parent/Legal Guardian Information		
Parent/Legal Guardian Name:		
Address:		
Home Phone:	Email Address	
Work Phone:	Cell Phone:	
Parent/Legal Guardian Name:		
Address:		
Home Phone:	Email Address	
Work Phone:	Cell Phone	
Authorization to Pick Up:		
Persons Authorized to Pick Up:		
Persons <u>NOT</u> Authorized to Pick Up:		

Agreements:

- Brainiacs agrees to notify the parent(s)/guardians(s) whenever the child becomes ill or injured. The parent(s)/Guardian(s) will arrange for the child to be picked up as soon as possible if so requested.
- The parent(s)/guardian(s) authorize the center to obtain immediate medical care if any emergency and the parent(s)/guardian(s) cannot be located immediately.
**If there is an objection to seeking emergency medical care a statement should be obtained from the parent(s)/guardian(s) stating the reason for the objection.*
- The parent(s)/guardian(s) authorize Brainiacs to take photographs and video of your child, which may be used in our catalog, website, and other promotional materials. No student name will be associated with the picture unless parent(s)/guardian(s) have given prior approval. If you do not want us to photograph or take video of your child, please provide a written request to the Brainiacs staff before your student's attendance begins.

Signatures:

Parent(s)/Guardian(s) _____

Date _____