

Start Date _____

Turquoise Trail Charter School Little Coyotes Registration Form

Students Name _____

Teacher _____

Parent/Guardian #1 Name _____ Work # _____

Cell # _____

Parent/Guardian #2 Name _____ Work# _____

Cell # _____

If I cannot be reached in an emergency, please call:

Name _____

Name _____

Phone # _____

Phone # _____

Relation _____

Relation _____

The following **MAY** pick-up my child from the After-School Program: (Identification required)

Name & Phone #

The following **MAY NOT** pick-up my child from the After-School Program:



**Turquoise Trail Charter School
Little Coyotes
Emergency Medical Authorization Form**

Student Full Name _____

Address _____

Date of Birth _____

Gender: Male or Female

***The following information MUST be complete prior to enrollment;
without completing
Information listed below your child/children will not be allowed to
attend.***

To Grant Consent

In case of an emergency involving my child and I cannot be reached, I hereby give consent to transport my child to the following medical care providers and hospital to give reasonable and customary medical and health care deemed necessary.

Doctor _____ Phone# _____

Dentist _____ Phone# _____

Hospital _____ Phone# _____

If, for any reason the listed medical care providers or hospital cannot be reached, I authorize appropriate transport and medical care for my child.

Nothing in this section shall be construed to impose liability on any school employee who, in good faith attempts to comply with this section. It is understood that I will be financially responsible for all emergency care.

Signature of Parent/Guardian

Date

Facts Concerning the Medical History to Which a Physician should be alerted

- Asthma**
- Diabetes**
- Seizures**
- Allergies**
- Ear/Hearing Problems**
- Emotional Problems**
- Heart Problems**
- Meningitis**
- Muscular Weakness/Paralysis**
- Migraine Headaches**
- High Blood Pressure**
- Bleeding Disorder**
- Date of last Tetanus Shot**

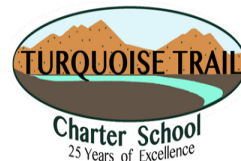
Other _____

None

Insurance Information

Students Primary Insurance _____
Subscriber's Name _____
ID Number _____

If your child needs any special instructions (allergies, diet, medical, etc.) Please list special instructions: ___None



Turquoise Trail Charter School
Little Coyotes Program

I, _____ the parent of _____
understand the following: (please initial all)

____ I have read and understand the regular school policies and procedures. These are the same school policies and procedures the Little Coyotes Program follows and enforce. I can also access these policies and procedures through the school website. (www.ttschool.org)

____ I understand Little Coyotes Program requires a \$100.00 deposit. That needs to be submitted prior to enrollment of my child.

____ I understand Little Coyotes Program is a Pre-Paid Program. I must submit my payment prior to my child attending the program. Little Coyotes Program is \$30 per Friday per child.

____ I have read and understand the discipline policies and procedures. I understand that my child may be dis-enrolled from Little Coyotes Program for disciplinary reasons when parent and student intervention does not result in appropriate student behavior.

____ I will assume liability for accidents or injuries incurred during the Little Coyotes Program. I have signed my child's medical authorization form.

____ I have read and understand how the Little Coyotes Program reports child abuse.

____ I understand that I can set up auto payments, pay online, or at front office. Past due balances may deny access to Little Coyotes Program services.

____ Late Fee of **\$1.00** per minute for each minute after **3:00pm** will be strictly enforced. I understand after 3 late pick-ups my child may be withdrawn from the program.

____ I understand that the Little Coyotes Program is only available on days school is in session. Not during in-services, parent teacher conferences, holidays or snow days. . School calendar is available on school website.

____ I give permission for media release
____ I **DO NOT** give permission for media release

____ I give my permission for my child to watch G and PG movies
____ I **DO NOT** give permission for my child to watch G and PG movies

Signature of Parent

Date

