

MIAMI-DADE COUNTY PUBLIC SCHOOLS REGISTRATION FORM: BEFORE AND AFTER SCHOOL PROGRAMS - SUMMER CAMP - PRE-K

SCHOOL YEAR

				·	SOLICOE			
NAME OF SCHOOL:						LOCATION NU	JMBER:	
STUDENT NAME:			*********	WWW.	REGISTRATIC	N DATE	Ξ:	
STUDENT ID #:	LAST		AGE:	GRAD	Œ:	GENDER:	MALE	FEMALE
BIRTHDATE:		ETHN	IC CODE:	WBHI	ам ТЕ	EACHER:		
MOTHER'S NAME:		LAST				FIRST		
HOME ADDRESS:	STREE	r			CITY	STA	TF.	ZIP CODE
HOME PHONE:	01112		WORK PHO	NE:			-	2 0002
CELL PHONE:			E-MAIL ADD	DRESS:				
FATHER'S NAME:		LAST			///////////////////////////////////////	//////// IRST		
HOME ADDRESS:	Á *********	FDEET					ΤΑΤΆ	ZIP CODE
HOME PHONE:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		WORK PHO		ANIONO III ANIONO		,,,,,	211 0002
CELL PHONE:			E-MAIL ADD	DRESS:				
PERSON/S AUTHORIZ	ED TO PICK U	CHILD	CARE STUD	ENT:		‱MAST		<i>‱</i> FIRST
I AUTHORIZE MY CHIL	.D TO WALK H	OME: YES	NO					####FIRST
	EMERG	<u>ENC</u>	Y CON	TACT			<u>NC</u>	
CONTACT NAME 1:		LAST		MMM	₩₩₩FIRST	PHON	E:	
CONTACT NAME 2:		LAST			**************************************	PHON	E:	
NAME OF PHYSICIAN:		LAST			**************************************	PHON	E:	
PREFERED HOSPITAL	.:							
IN THE EVENT NO ONI MEDICAL TREATMENT		ITACTED NO	D, I GIVE PEF	RMISSION	FOR MY	CHILD TO RE	CEIVE E	EMERGENCY
SPECIAL NEEDS / INS	TRUCTIONS:							
SIBLINGS IN PROGRA	M:							
PARENT/GUARDIAN S	IGNATURE:					DATE:		FM 3170 (08-2013)



MIAMI-DADE COUNTY PUBLIC SCHOOLS

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PARENT FEE AND PAYMENT RECORD FOR:

(NAME OF STUDENT)

STUDENT ACCIDENT INSURANCE PAID FOR: YES

APPROVED DISTRICT DAILY RATE FOR THIS PROGRAM IS:

IF YES, (X) ONLY ONE: FREE OR REDUCED LUNCH ELC FEE SUBSIDY M-DCPS FEE WAIVER ACTUAL STUDENT DAILY FEE: ACTUAL STUDENT DAILY FEE: ACTUAL STUDENT DAILY FEE: ACTUAL STUDENT DAILY FEE: EFFECTIVE DATE: EFFECTIVE DATE: EFFECTIVE DATE: EFFECTIVE DATE:

BEFORE CARE

STORY HOUR

AFTER CARE

FULL-DAY CARE

FULL-DAY SUMMER CAMP

HALF-DAY SUMMER CAMP PR

PRE-K

SERVICE	AMOUNT	AMOUNT	AMOUNT	AGENCY PAYMENT	RECEIPT	DATE	TRANSACTION
PERIOD	DUE	PAID	OVER / UNDER		NUMBER	PAID	COMMENTS
A	В	C	(B-C)=D	E	F	G	Н

TO TO

MID-YEAR REVIEW DATE:

TO

REVIEWED BY:

(PRINT NAME OF PRINCIPAL, APCE, OR DESIGNEE)

(SIGNATURE)

(SIGNATURE)

END-OF-YEAR REVIEW DATE:

REVIEWED BY:

(PRINT NAME OF PRINCIPAL, APCE, OR DESIGNEE)

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FM 3170 (08-2013)