

REGISTRATION FORM
PASS Program

NAME

First Middle Last

Grade _____ Teacher's Name _____

Date of Birth _____

Female _____ Male _____ Full Time _____ Drop-In _____

ADDRESS OF STUDENT AND PARENT(S) AND/OR GUARDIAN(S)

Street Address, PO Box No. or Lot No. Home Phone Number

City State Zip Code

Back-Up/Emergency Phone # Person at this # if you **Can Not** be reached

PARENT/GUARDIAN INFORMATION

Child lives with: Father Mother Stepfather Stepmother Grandparents Guardians

Names of adults with whom this child lives:

First Name Last Name Relationship to Child

Place of Employment Work Phone # Cell Phone #

First Name Last Name Relationship to Child

Place of Employment Work Phone # Cell Phone #

Marital Status of Parents: Married Separated Divorced Single Widow(er)

Email Address: _____

Home Church: _____

FAMILY INFORMATION

Name of brother(s)/sister(s) Grade in School Date of Birth

MEDICAL INFORMATION

Family Dr./Hospital _____ Ph # _____

Additional pertinent information concerning your child (health, allergies, special diet, medications, etc.)

TRANSPORTATION INFORMATION

List of adults who can pick up my child(ren):

Name

Phone #

Name

Phone #

In the event of an emergency school closing, that TUMC cannot provide care, due to excessive heat, snow, heating system failure, boil order, etc. my child is to go to:

_____ Home _____ Another person's home (give information below)

Name _____

Address _____ Phone # _____

Parent Signature

Date signed