



Joe Williams, III
Principal

Dawn to Dusk
Registration/ Release Form
2017-2018

Clint Garlick
Assistant Principal

Name _____ Birthday _____
Address _____ Home Phone _____
Teacher's Name: _____ Grade Level _____

Child lives with Mother ___ Father ___ Both ___ Other _____

Mother (Natural/Step) _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Father (Natural/Step) _____ Cell Phone _____

Place of Employment _____ Work Phone _____

Person to notify in case of an emergency if parents cannot be reached. These persons are also authorized to sign out of Dawn to Dusk.

Name/Relationship _____ Phone _____

Name/Relationship _____ Phone _____

Name/Relationship _____ Phone _____

Name/Relationship _____ Phone _____

Name/Relationship _____ Phone _____

Medications/ Allergies _____

My child Does ... Does NOT ... have permission to work on computers during Dawn to Dusk.

My child Does ... Does NOT ... have permission to watch G/PG movies during Dawn to Dusk.

I have received and read the Dawn to Dusk Parent Handbook. In the event of serious illness or accident and I cannot be reached, I give my permission to have my child moved by ambulance, or other conveyance, to the hospital for immediate attention. I also release J. Colin English Elementary and all persons connected from any blame and/or responsibility in case of an accident or injury incurred during operation of the JCE Dawn to Dusk Before and After School Program. I assume responsibility for payment of related costs.

Signature _____ Date _____

Email Address _____