

Student Information

Legal Name (First, Middle & Last) _____

Legal Street Address _____ City/State _____ Zip _____

Mailing address (if different) _____

Home Phone _____ Email _____

Birth Date _____ Age as of Sept. 30 _____ Gender: Male ___ Female ___

Parents/Guardian Information

X One: Biological Parent ___ Step Parent ___ Grandparent ___ Foster Parent ___ Biological Parent ___ Step Parent ___ Grandparent ___ Foster Parent ___

Name _____ Name _____

Relationship to Child _____ Relationship to Child _____

Employer _____ Employer _____

Work Phone _____ Work Phone _____

Cell Phone/Pager _____ Cell Phone/Pager _____

Parents/Guardian E-mail address _____

Health Information

List all medications your child takes: _____

List any disabilities your child has: _____

List any illnesses or medical conditions that we should be aware of: _____

In case of emergency, what doctor would you prefer: _____ Phone Number _____

Additional Information

1) In case of emergency, if parents cannot be reached, who should be called?

Name _____ Relationship _____ Phone Number _____

Name _____ Relationship _____ Phone Number _____

2) Please list the names of the ADULTS that you authorize permission to pick up your child. ANYONE NOT LISTED ON THIS FORM WILL NOT BE ALLOWED TO PICK UP YOUR CHILD.

1. _____ 2. _____ 3. _____

3) I give permission for my child's photo to appear on our social media pages and publications for our school: Y or N

**MICROSOCIETY ACADEMY CHARTER SCHOOL
2017-18 CLUB PAYMENT FORM**

Child's Name _____ Grade (in fall) _____

Parent Name _____ Phone # _____

Email: _____

Please return your registration, all required forms, and payment to MACS office by 1 week prior to the club starting. All clubs are on a **FIRST COME FIRST SERVE** basis or by lottery if there is an abundance of registration. If any club must choose attendees by a lottery, parents will be notified.

of Clubs attending _____ Total Cost Included: _____

(Please make checks out to MACS)

*****If a second child is attending:

Child's Name _____ Grade (in fall) _____

Parent Name _____ Phone # _____

Email: _____

Office in Receipt of :

Registration form: _____

All Fees Paid in Full _____ check / cash / credit card

Admin signature: _____ Date: _____