



PARADISE CHARTER MIDDLE SCHOOL

Small but Mighty

PCMS After School Program Registration

Student's Name: _____ Grade: _____

Parent's Name: _____ Cell #: _____

Work #: _____ Work Hours: _____

Emergency Contact Person: _____ Cell #: _____

Emergency Contact Person: _____ Cell #: _____

Any known allergies: _____

Health related information you want us to know: _____

Medical Insurance Carrier: _____ Policy #: _____

In the event of an emergency, if you cannot be reached, do you give permission for us to contact 911?

_____yes _____no