



2018-2019 Cedar Ridge
The Wolf Pack Tutoring & Enrichment Program
After School Student Registration Form
 (Every Child In The Family Must Have A Form Filled Out)



Student's Last Name _____ First Name _____
 Mailing Address _____ City _____ Zip _____
 Physical Address _____ City _____ Zip _____
 Home Phone _____ Student's Cell (if have) _____
 Birth date _____ Grade _____ Teacher _____

- Will your child participate Monday – Friday in the morning (7:15-7:45)? Yes No
- Will your child participate Monday – Thursday in the afternoon (3:25-5:30)? Yes No
- Does your child need transportation after the evening program? Yes No
- Does the child live in Cedar Ridge School District? Circle one: Yes No

The following are drop-off points we encourage families to use. These points will save time for all children in the transportation process, especially as it gets dark earlier: Wild Cat Station, Thilda Post Office, Oil Trough Children's Home, Cord-Charlotte School, and the Cord Store. Please indicate where your child needs to be dropped off: Please note: this is a program serves grades K-12th for after school tutoring and enrichment. If a child needs transportation due to other activities, and we do not stop in the area to drop off children, then a drop off point will be used. Students will leave the school around 5:30.
 Location of drop off point: _____

Dietary Restrictions/Allergy: Yes No If yes, Explain: _____
 Special Needs or Other Health Precautions: _____
 Any other special information that instructors would need to know about your child's health or behavior:

Primary Parent/Guardian Name #1 _____
 Mailing Address _____ City _____ Zip _____
 Home Phone _____ Primary Cell (if have) _____
 Place of Employment _____ Work Phone _____

Primary Parent/Guardian Name #2 _____
 Mailing Address _____ City _____ Zip _____
 Home Phone _____ Primary Cell (if have) _____
 Place of Employment _____ Work Phone _____
 Place of Employment _____ Work Phone _____

Names, ages, and grade of brothers/sisters that live in their house or can be a contact for the child if needed: _____

Child lives with _____ Both parents _____ Father _____ Mother _____
Other: _____

Custody Information (if needed): _____

How many TOTAL people live in the home of the child: _____ total people live in the home.
(For admission/activity/state statistical purposes only)

Name and number of 3 relatives/friends/neighbors in case parent/guardian cannot be reached in emergency or if the parent is unable to pick up the child:

Name _____ Phone _____
Relationship _____

Name _____ Phone _____
Relationship _____

Name _____ Phone _____
Relationship _____

- In case of accident or illness, I hereby request and give my consent to the principal/site coordinator/lead teacher (or a duly appointed representative) of the Cedar Ridge School District and After School Program for the above named child to receive such medical aid as may be deemed necessary by a duly licensed or recognized physician or surgeon in case custodial parents cannot be reached. Circle one: Yes No
- The school designee has my permission to give my child (the parent/guardian will be notified prior to administration of any medication):
 - TYLENOL: Yes No
 - Liquid or Pill
 - IBUPROFEN: Yes No
 - Liquid or Pill
- NO other medication will be given at school unless authorized in writing by a parent. A school nurse is not on duty during the program.

Parent/Guardian Signature: _____

Date: _____