

Old Shell Road Magnet School **ALL-STARS** Program

2017-2018 Before and After School Care

\$20.00 Registration Fee

(Please mark the service(s) that you require)

_____ Before and After School Monthly Rate \$190.00

_____ Before School Only Monthly Rate \$80.00

_____ After School Only Monthly Rate \$135.00

(Registration fee plus one month of tuition due at Registration)

Make check, Cashier's Check, or Money Order payable to **OSR ALL-STARS** or make payments using our online payment option.

Estimated Arrival Time: _____ AM

Estimated Pick-up Time: _____ PM

(Please Print)

Students Full Name: _____

Home Phone: _____

Male: _____

Female: _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Parent's Email: _____

Date of Birth: _____

Grade: _____

Teacher: _____

List Brothers/Sisters Enrolled in the All-stars Program: _____

Mothers Name: _____

Work Phone: _____ Ext: _____ Cell Phone: _____

Place of Employment: _____

Fathers Name: _____

Work Phone: _____ Ext: _____ Cell Phone: _____

Place of Employment: _____

Marital Status: _____

Custodial Parents: _____

Are there any special circumstances we should be aware of?

Special Medical Conditions (Please check all that apply):

Asthma _____ Allergies _____ Migraines: _____

Diabetes _____ ADHD _____ Other: _____

Explain:

Doctors Name: _____ Office Phone Number: _____

Will your child require daily or as needed dispensing of medication while at All-Stars? Yes _____ No _____

(If yes, please pick up from the front office our "Medication Form" that must be filled out and turned in with your registration form)

Type of Health Insurance: Private: _____ Medicaid: _____ All Kids: _____ Other: _____

IN AN EMERGENCY, I AUTHORIZE SCHOOL OFFICIALS TO:

(NOTE: Paramedics are called in the event of a health emergency)

Seek any medical assistance as may be needed? Yes _____ No _____

Administer any treatment deemed necessary by physician? Yes _____ No _____

If hospitalization becomes necessary, to which hospital should the student be taken? _____

Emergency Contacts

Please list all individuals to be contacted in the event of an emergency and you cannot be reached:

Name: _____ Cell Number: _____ Work Number: _____

Address: _____ Relationship: _____

Name: _____ Cell Number: _____ Work Number: _____

Address: _____ Relationship: _____

Student Pick Up

Please list individuals (other than yourself) that have permission to pick up your child.

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

All-STARS contact information: Katlyn Jenkins, Director; Email: kjenkins1@mcpss.com 251.221.1557