

# MAGNET KINGDOM 14-15

## REGISTRATION FORM

### Student Information

*Duplicate for additional students*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Gender: \_\_\_\_\_ Entering Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

14-15 Teacher: \_\_\_\_\_ Doctor: \_\_\_\_\_

Primary Language Spoken: *(Please check)*  English  Spanish  Other: \_\_\_\_\_

Lunch Status: *(Please check)*  Free  Reduced  Full

Siblings at RMMS? *(Please check)*  Yes  No Name: \_\_\_\_\_

Special Education? *(Please check)*  Yes  No

Lives With:  Mother  Father  Both  
 Other: \_\_\_\_\_

Ethnicity: *(Please check)*  African American  Asian  Caucasian  
 Native American  Hispanic  Other: \_\_\_\_\_

**Special Needs** (add pages if needed) *List allergies, medications, restrictions etc.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check all of the programs and days you would like for your child to attend.

|  |       |                              |                             |
|--|-------|------------------------------|-----------------------------|
| Please check all of the programs and days you would like for your child to attend. | Fri   |                              |                             |
|  | Thurs |                              |                             |
|  | Wed   |                              |                             |
|  | Tues  |                              |                             |
|  | Mon   |                              |                             |
|  |       | Before School<br>(6:45-8:30) | After School<br>(3:15-6:00) |

### Caregiver Information

*List all caregivers with legal custody. If there is a primary caregiver, place star next to that name.*

(1) Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Email: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

(2) Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Email: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Emergency Contacts

*List additional adults to serve as emergency contacts. Individuals below are authorized to pick up*

(1) Name: \_\_\_\_\_ Phone (1): \_\_\_\_\_ Phone (2): \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Phone (1): \_\_\_\_\_ Phone (2): \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

(3) Name: \_\_\_\_\_ Phone (1): \_\_\_\_\_ Phone (2): \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

### Pick Up/ Visitation Restrictions

*List individuals barred from contact. Attach copies of legal documents outlining these restrictions.*

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3): \_\_\_\_\_

### Signature

I hereby give permission for the participant listed above to take part in all activities at Magnet Kingdom. I understand that these activities may include off-site events, academic assistance, continuing education, and recreational programs. In addition, I understand that the School District will share and use participant records to evaluate individual progress and improvement, as well as to evaluate the impact of the program on student achievement and to obtain continued funding for the program.

I hereby certify that I have read and do understand the information above and in the Magnet Kingdom Handbook. I understand that my signature is a commitment to pay the **weekly program fees** until such time as I submit a Withdrawal form as described in the Handbook.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager: Adriana DeGrafft  
1 Bulkeley Place New London, CT 06320  
(860) 437-7775 ext. 134 or 437-0173  
adegrafft@rmms.k12.ct.us