



**Foxborough Regional Charter School  
After School Academic Enrichment Program  
Grades 6-12**

Please complete all registration information. Staff will refer to this registration information provided by the parent/guardian regarding authorized persons to pick up/transport and emergency contacts.

**Registration Information**

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Town/State/Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Work Telephone: (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_

Cell Phone: (Mother) \_\_\_\_\_ (Father) \_\_\_\_\_

**Additional Information**

Allergies/Special Diet: \_\_\_\_\_

Chronic health conditions: \_\_\_\_\_

Special limitations or concerns: \_\_\_\_\_

Days attending: \_\_\_\_\_

I certify that documentation of physical examination and immunizations in accordance with public school health requirements and lead poisoning screening in accordance with public health requirements is on file at the school.

I authorize staff who are trained in the basics of first aid and CPR to give my child medical treatment when appropriate.

I understand that every effort will be made to correct me in case of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to arrange transportation to the nearest medical facility and to secure necessary medical treatment for my child.

**\*\*Only emergency Epi-pens can be administered in the after school programs. Please speak to staff if you have any concerns.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Other emergency contacts who will be responsible for picking up my child**

1. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

2. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

3. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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

4. Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

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