



After School Program / Early Morning Program
Parent/Student Information Form (PRINT CLEARLY)

**STAFF
ONLY**

Parent/Guardian Contact Information <i>(please provide all information requested)</i>					
Last Name		First Name		Signature	
Street Address		Apt. No.	City & State		Zip Code
Day Phone No.	Cell Phone No.	Home Phone No.		Email Address	
Other Parent/Guardian Full Name 1.		Email Address		Phone No.	
Emergency Contact Full Name 2.		Relationship to Family		Phone No.	

Program Enrollment <i>(check all that apply)</i>
<input type="checkbox"/> After School Program <input type="checkbox"/> Early Morning Drop-off Service

Complete All Information for Each Child Enrolled					
First Name	Last Name	Gender	Grade	Age	Birthday
1.					
2.					
3.					
4.					
5.					
6.					

List Other Adults that are Authorized to Pick-up Your Child/Children		
Adult's Full Name	Relationship to Child/Children	Parent/Guardian Signature

STAFF ONLY: Date Fee Paid _____ *Payment Type:* _____ *Amount Paid:* _____ *Receipt#:* _____



After School Program / Early Morning Program
Medical Emergency Information Form (PRINT CLEARLY)

I give permission to The Main Street Academy to seek medical treatment for my child/children in the event of a medical emergency. I will be responsible for the cost of any emergency medical care provided to my child/children.

Complete All Information for Each Child Enrolled

First Name	Last Name	Insurance Coverage? Yes or No	Insurance Carrier	Type of Insurance	Insurance Policy #	Allergies and/or Other Medical Issues

Doctor(s) Name(s) and Phone Number(s)	Use Space Below for Additional Information

Note: If your child is on medication prescribed by a medical doctor that requires him/her to take it during the school day, the medication must be brought to the school nurse in its original container with the prescription label on it. Neither the nurse nor The Main Street Academy staff will stock or give out any over the counter medication. **Medication will not be dispensed during the hours of the After School Program or Early Morning Drop-off Service.**

Print Parent/Guardian **First Name** _____ Print Parent/Guardian **Last Name** _____

Relationship to Child/Children _____

Parent/Guardian Signature _____ Date _____



After School Program / Early Morning Program
Media Release Form (PRINT CLEARLY)

I, (parent/guardian full name) _____ **DO / DO NOT (circle one)**
grant permission as the legal parent/guardian of (list child/children name/s):

to Edison Learning Inc. and The Main Street Academy to use photographs and or video footage of my child/children in marketing and or promotional materials and for release to the media.

Print Parent/Guardian **First Name**

Print Parent/Guardian **Last Name**

Relationship to Student(s)

Parent/Guardian Signature

Date



**The Main Street Academy (referred to as "TMSA" or "School")
After School and Early Morning Program (referred to as "Program")
Parent/Guardian and Participant Guidelines (referred to as "Guidelines")**

Signature Page

I (parent/guardian print full name), _____ have reviewed the Guidelines. I understand that I am expected to act in accordance with the information provided in the Guidelines and that any child (participant/student) under my legal guardianship who is enrolled in the TMSA After School Program and/or Early Morning Program is expected to act in accordance with the information provided in the Guidelines. I am also aware that final authority on all related matters rests with the Program manager, School administrative team and/or School board of directors when applicable and that it is my responsibility to periodically review the Guidelines throughout the academic school year.

Parent/Guardian Signature

Date