

Student Name _____ Grade _____ Teacher _____
 Address _____ Phone number _____
 Parent Name _____ Cell number _____
 Parent Name _____ Cell number _____
 Emergency Contact _____ Phone Number _____
 Emergency Contact _____ Phone Number _____
 Home Language _____
 Allergies or Allergic to: _____
 Any special needs or concerns we need to know _____

My Child	May	May Not
Have their pictures used in publications for S.C.O.R.E.		
Participate in field trips sponsored by S.C.O.R.E.		
Participate in holiday celebrations for S.C.O.R.E.		

People who are **NOT** allowed to pick my child up:

My child will attend _____ part-time _____ full time
 Days my child will attend _____ Time of pick-up _____

My child will **only** be involved with the following S.C.O.R.E activities and attend **only** on the day that activity is in session.
 _____ after-school art _____ 3rd and 4th grade after-school choir _____ tutoring _____ other
 (Tues.Wed.Thurs. until 4:30)

Please choose the way you would like to receive your S.C.O.R.E. bills.

_____ paper copy sent with student _____ email copy sent to this address _____

_____ paper copy sent with student and email copy sent to this address _____

By signing below: I acknowledge I have received a S.C.O.R.E. Handbook and understand the rules and guidelines for the program and I will notify S.C.O.R.E. staff of any phone number changes that may happen throughout the school year.

Parent Signature _____ Date _____