

Switzerland Point Middle School

BEYOND THE BELL

2018-2019

Reg. Fee: Monthly: Punch card: SJCSD: Multiple: S/C:

Child's Name:

First Middle Last Nickname

Nickname: Birthdate: / / Sex: M F Grade in 2017/18:

Mother's Name: Father's Name:

Email: I check email daily: Yes No

Mother's Home Address: Phone:

Father's Home Address: Phone:

Child resides with: Mother/Stepmother, Father/Stepfather, Both, Other

EMPLOYER INFORMATION:

Mother: Work Phone: Cell: Father:

Work Phone: Cell:

MEDICAL CONTACT:

Physician: Phone: Address:

May SPMS call another physician if unable to contact the above? Yes No

CUSTODIAL RIGHTS: (Persons permitted to remove the child from school/Extended Day)

Father: Yes No Mother: Yes No Step-Parent: Yes No

If "No" to Father or Mother, we must have legal documentation on file in order to enforce

ALTERNATIVE CHILD PICK-UP/EMERGENCY CONTACT APPROVED LIST:

I hereby give the SPMS "Beyond the Bell" Program permission to release my child to the following persons:

Name Relationship Phone

Name Relationship Phone

Name Relationship Phone

Name Relationship Phone