

# Carousel Academy Wrap Around Program

\*Please include a non-refundable registration fee of \$25

Child's Name: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

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

Telephone Number(s): Home phone #: \_\_\_\_\_

Cell # & Relationship: \_\_\_\_\_

Cell # & Relationship: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency Contact (Name, Relationship to Child, Telephone Number):

_____	_____	_____
_____	_____	_____
_____	_____	_____

Does your child have any allergies? (Yes/No) If yes, please explain:

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

Please list individuals allowed to pick up your child from The Wrap-Around Program.

**Name**

**Relationship**

_____	_____
_____	_____
_____	_____
_____	_____

\*\*\*Photo ID MUST be provided in order for your child to be released to the person(s) above.\*\*\*