

Carousel Academy

Wrap-Around Program Registration Form

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

Child's Name: _____

DOB: _____

Program Attending (circle one): UPK morning UPK afternoon Readiness Center

Address: _____

Parent/Guardian Name: _____ Phone #: _____ Relationship: _____

Parent/Guardian Name: _____ Phone #: _____ Relationship: _____

E-mail address: _____

Emergency Contact Information: Emergency contacts will be contacted after Parent(s)/Guardian(s) cannot be reached.

Name _____ Relationship to Child _____ Phone # _____

Name _____ Relationship to Child _____ Phone # _____

Name _____ Relationship to Child _____ Phone # _____

Does your child have any allergies? (Yes/No)

If yes, please explain in detail below:

Please list individuals (other than parents/guardians) allowed to pick up your child from The Wrap-Around Program:

Name	Relationship to Child
_____	_____
_____	_____
_____	_____
_____	_____

Photo ID MUST be provided in order for your child to be released