

TCA Extended Day Program

Upper Campus – Grades 4 - 8
37 Erie Avenue
Brockton, MA 02302

Lower Campus – Preschool - 3
631 North Main Street
Brockton, MA 02301

REGISTRATION / EMERGENCY FORM

Extended Day Program: Before School After School Both Grade of Child _____

CHILD'S LAST NAME _____ CHILD'S FIRST NAME _____ MI _____ M _____ F _____
GENDER
ADDRESS _____ CITY/TOWN _____ ZIP _____ PRIMARY LANGUAGE _____
(____) _____ / ____ / ____
HOME TEL # _____ DATE OF BIRTH _____ BIRTH PLACE: CITY/STATE _____ COUNTRY _____ DATE of ENTRY (if born outside U.S.) _____

FAMILY INFORMATION

MOTHER/GUARDIAN NAME _____ LAST _____ FIRST _____ MI _____ MAIDEN NAME _____
EMPLOYER _____ ADDRESS _____ CITY/TOWN _____ ZIP _____
TEL # _____ CELL # _____ RELIGION _____ EMAIL ADDRESS _____

FATHER/GUARDIAN NAME _____ LAST _____ FIRST _____ MI _____
EMPLOYER _____ ADDRESS _____ CITY/TOWN _____ ZIP _____
TEL # _____ CELL # _____ RELIGION _____ EMAIL ADDRESS _____

Child lives with: both mother father guardian

EMERGENCY INFORMATION

EMERGENCY CONTACT NAME _____ RELATIONSHIP _____ EMERGENCY TEL# _____

OTHER PERSON(S) AUTHORIZED TO PICK UP CHILD

NAME _____ RELATIONSHIP _____ TEL # _____
NAME _____ RELATIONSHIP _____ TEL # _____
NAME _____ RELATIONSHIP _____ TEL # _____

HEALTH INFORMATION

CURRENT MEDICATION(S) : _____

ALLERGIES: _____

MEDICAL CONCERNS AFFECTING SCHOOL: _____