

CHILD'S LAST NAME, FIRST NAME, MIDDLE INITIAL

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STREET

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TOWN, STATE, ZIP

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PHONE                                  DATE OF BIRTH                                  AGE

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SCHOOL                                  GRADE                                  TEACHER

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MALE                   FEMALE

ETHNIC BACKGROUND:

ASIAN     BLACK     CAUCASIAN     HISPANIC     OTHER

HOUSEHOLD INCOME LEVEL:

UNDER \$45,850     \$45,850-\$68,000     OVER \$68,000

**PARENT/GUARDIAN #1**

LAST NAME, FIRST NAME, MIDDLE INITIAL

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STREET

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TOWN, STATE, ZIP

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EMPLOYER                                  WORK PHONE

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EMPLOYER TOWN, ZIP

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E-MAIL

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CELL PHONE

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**PEOPLE AUTHORIZED TO PICK-UP YOUR CHILD (OTHER THAN PARENT):**

**1.**

NAME

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PHONE

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**2.**

NAME

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PHONE

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**FOR OFFICE USE ONLY**

**AT REGISTRATION**

Registration Fee: \$		Deposit: \$		Membership: \$		Membership exp:		Receipt:	
SEPT		OCT		NOV		DEC		JAN	
Paid	\$	Paid	\$	Paid	\$	Paid	\$	Paid	\$
Receipt		Receipt		Receipt		Receipt		Receipt	
FEB		MAR		APR		MAY		JUNE	
Paid	\$	Paid	\$	Paid	\$	Paid	\$	Paid	\$
Receipt		Receipt		Receipt		Receipt		Receipt	

Please check below if your child has any health or medical conditions Sterling House should be made aware of.

**Asthma:** (PACKET A)

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**Food Allergies:** (PACKET B)

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**Need an Epi-Pen:** (PACKET C)

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**Seizures:** (PACKET D)

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**Medications:** (PACKET E)

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**Behavior:** (PACKET F)

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**Other:**

#1

EMERGENCY CONTACT OTHER THAN PARENT                                  PHONE

#2

EMERGENCY CONTACT OTHER THAN PARENT                                  PHONE

**PARENT/GUARDIAN #2**

LAST NAME, FIRST NAME, MIDDLE INITIAL

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STREET

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TOWN, STATE, ZIP

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EMPLOYER                                  WORK PHONE

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EMPLOYER TOWN, ZIP

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E-MAIL

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CELL PHONE

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**PLEASE READ AND SIGN BELOW**

At times, photos are taken of various after school activities to use on Sterling House social media and for other publicity. Please indicate below whether or not you give permission to use photos of your son/daughter for these purposes.

YES                   NO

**X**

SIGNATURE OF PARENT OR GUARDIAN                                  DATE

I understand that fees for this program are due monthly on the first of the month. If fees are not paid by said date, I understand that my child's spot in the program will be forfeited and filled from the waiting list.

**X**

SIGNATURE OF PARENT OR GUARDIAN                                  DATE