

Crisp Academy After School Registration
2024-2025

Student _____ **Grade** _____ **Date of Birth** _____

Mother _____ **Work #** _____ **Cell #** _____

Mailing Address _____

Email Address _____ **Employer** _____

Father _____ **Work#** _____ **Cell#** _____

Mailing Address _____

Email Address _____ **Employer** _____

Contacts in case of an emergency and neither parent can be reached:

Name _____ **Phone #** _____

Relation to child _____

Name _____ **Phone #** _____

Relation to Child _____

Additional Information: _____

CRISP ACADEMY MEDICAL RELEASE FORM

I hereby authorize Deborah Penn, Kay Williams, or person in charge of after school program to seek medical treatment for my child in the event I cannot be reached. I fully understand that I am responsible for any medical bills which may occur due to treatment of my child's injury. To the best of my knowledge, my child has the following allergies to medication, insect bites or stings, and food _____

_____ No known allergies (check here)

I certify that I have read and understand these statements.

Parent Signature _____ **Date** _____