



MIAMI-DADE COUNTY PUBLIC SCHOOLS

MIDDLE SCHOOL ENRICHMENT PROGRAM – REGISTRATION FORM

SCHOOL: _____ SCHOOL YEAR : 20____ - 20____

NAME OF CLASS: _____ REGISTRATION DATE: _____

LAST NAME		FIRST NAME		MI	CLASSROOM TEACHER	GRADE
AGE	DATE OF BIRTH / /	GENDER M F		ETHNICITY A B H I M W		STUDENT ID #
HOME ADDRESS		CITY	ZIP CODE		HOME PHONE ()	
MOTHER'S NAME		ADDRESS		HOME PHONE ()	BUSINESS PHONE ()	CELL PHONE ()
FATHER'S NAME		ADDRESS		HOME PHONE ()	BUSINESS PHONE ()	CELL PHONE ()
MOTHER'S E-MAIL ADDRESS				FATHER'S E-MAIL ADDRESS		
EMERGENCY CONTACT OTHER THAN PARENT NAME			PHONE # ()		RELATIONSHIP TO STUDENT	
EMERGENCY CONTACT OTHER THAN PARENT NAME			PHONE # ()		RELATIONSHIP TO STUDENT	
OTHER PERSONS AUTHORIZED TO PICK-UP STUDENT				DISMISSAL ARRANGEMENTS		
IN THE EVENT NO ONE CAN BE CONTACTED, I GIVE PERMISSION FOR MY SON/DAUGHTER TO RECEIVE EMERGENCY MEDICAL TREATMENT: YES <input type="checkbox"/> NO <input type="checkbox"/>						
IF "NO" WAS CHECKED IN THE PREVIOUS BOX, PLEASE PROVIDE A PROTOCOL TO FOLLOW:						
SPECIAL NEEDS/INSTRUCTIONS						
SIBLINGS IN THE PROGRAM						
PARENT/GUARDIAN SIGNATURE					DATE	

FM-6496 Rev. (05-19)

**ALL SECTIONS OF THIS FORM MUST BE COMPLETED
PRIOR TO ADMISSION INTO THE PROGRAM**

SIGNATURE _____
PRINCIPAL/APCE/PROGRAM MANAGER DATE _____