



# 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 \_\_\_\_\_