

2020-2021 Raider Care Enrollment Form

Please mark the program you wish your child to attend.

Before School 7:30-8:45

After School 4:00-5:45

Both Before & After

Student Information

Full Name: _____

Legal Last Name

First

Middle

Birth Date: ____/____/____

Male: _____

Female: _____

Resident Address: _____

Street Address

City

State

Zip

Parent(s)/Legal Guardian(s) living with student

Parent/Guardian 1: _____ Relationship: _____

Best Contact Number 1: _____ Contact Number 2: _____

Parent/Guardian 2: _____ Relationship: _____

Best Contact Number 1: _____ Contact Number 2: _____

Emergency Contacts: Please list in order that they are to be contacted. Please make sure these people have permission to pick up your child from school.

Name- Relationship-

Contact Number

1. _____ - _____
2. _____ - _____
3. _____ - _____

Allergies or Medical Conditions: _____
