

# PALS Registration Form

*\*A separate registration form must be filled out for each student.*

Student Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Address: \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Admission Date: \_\_\_\_\_

Attendance Schedule: (Check AM/PM; circle days please)

\_\_\_\_ AM Care    M    T    W    TH    F    \_\_\_\_ PM Care    M    T    W    TH    F

EMERGENCY CONTACTS – Adults authorized to pick my student from the PALS Program.

**Students will not be released to anyone not listed on this form. You must have at least 2 emergency contacts listed on this form.** Students will not be released to anyone without a picture ID.

1. Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

2. Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

3. Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

4. Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_ Allergies (food or medicine): \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

This information may be shared with medical personnel and school staff.  
Emergency personnel and/or ambulance may be called if necessary.

If you or the emergency contact cannot be reached in an emergency and, if in the judgment of the program authorities, immediate medical and/or hospital attention is needed, including ambulance service, do you authorize responsible school authorities to send your student to an available hospital or physician and accept fees involved?

\_\_\_\_ YES                      \_\_\_\_ NO

Wesclin School District requests that you read and review the PALS Handbook with your child(ren).

Completing the form signifies that you have received the PALS Handbook, and you agree to and reviewed the contents of the handbook with the child(ren) listed on the registration form.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Please list any special instructions to the staff on the back of this form.)*