

Emergency Contacts other than Parents:

Name: _____ Phone: _____

Relationship to the Student _____

Name: _____ Phone: _____

Relationship to the Student _____

Student's Allergies: _____

I acknowledge that I have received and agree with School Disciplinary Policy and Rules.

Signature of Parent/Guardian: _____

I **give** authority to *Southfield Institute / Smiles Around Us Academy* staff to obtain emergency medical treatment for my child, with the understanding that the family will be notified as soon as possible.

Signature: _____ Print Name: _____

Relationship to the Student: _____ Date: _____

Please choose one choice and sign below:

I **give**__ /**do not give**__ permission to my child to go on local walking trips outside the school building.

I **give**__ /**do not give**__ permission for my child's picture to be posted on the school website & social media.

Signature: _____ Date: _____ Relationship to the Student: _____

Afterschool Hours:

I, _____, would like to register my child,
_____, for the extended afterschool hours of 4:00pm-6:00pm.

I agree to pay the monthly \$250 tuition for afterschool extended care.

Parent's signature _____ **Date:** _____