

SCHOOL'S OUT TUTTLE REGISTRATION FORM



Please Check:

Enrollment Type

Weekly enrollment (child will attend the same days each week - Please circle days below)
Monday Tuesday Wednesday Thursday Friday

As Needed (No weekly schedule, child will attend as needed)

Grade Entering - 6th 7th 8th

Personal Information

Child's Name _____ Birth Date _____ Age ____ Sex ____

Address _____

City _____ State _____ Zip _____ Home Phone _____

Parent/Guardian _____ Employer _____ Work Phone _____

Parent/Guardian _____ Employer _____ Work Phone _____

E-mail _____ Cell Phone(s) _____

Invoice Preference (check one) : Please email invoices Print invoices to be picked up at school

Additional People That May Pick Up My Child

Name _____ Relationship _____ Daytime Phone _____

Name _____ Relationship _____ Daytime Phone _____

Emergency Contacts

Name _____ Daytime Phone _____

Name _____ Daytime Phone _____

Medical Information

Physician's Name _____ Phone _____ Address _____

Current Medications _____ Allergies _____

Dentist's Name _____ Phone _____ Address _____

Insurance Company _____ Policy Number _____

Parent/Guardian Authorization

I agree to abide by the policies for School's Out. I give permission to the School's Out staff to contact my child's physician or dentist in an emergency situation.

Signed _____ Date _____

Please return this form to "School's Out, 2 Baldwin Ave, South Burlington, VT or Leave with the front desk staff at Tuttle
Any additional questions, please call Leigh Lamphere at 802-652-7320 or email: llamphere@sbschools.net

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