



# Eagle's Nest

Where KIDS learn to SOAR!

## 2016/2017 REGISTRATION FORM

Student Name \_\_\_\_\_ Male/Female

Does your child use a nickname? \_\_\_\_\_

Grade \_\_\_\_\_ Teacher's Name \_\_\_\_\_

Do you anticipate that your child will be attending Eagle Flight School Sports Programs? \_\_\_\_\_

Will your child be coming to Eagle's Nest before school, after school, or both? \_\_\_\_\_

Will your child be using the programs regularly or on a drop-in basis? \_\_\_\_\_

Does your student have any learning or behavior difficulties that you feel important for us to know about?

\_\_\_\_\_

For planning purposes, please circle the days of the week we can expect your child to attend Eagle's Nest on a regular basis.

**M T W TH F**

→ I have completed a **new Updated Blue Card for state regulations**. I understand that the people I have listed on the Blue Card are the only people who can pick-up my child from Eagle's Nest.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

→ I will communicate with my child's teacher regarding the use of Eagle's Nest. I understand students will be brought to Eagle's Nest after school, before or on route to the parent pick-up locations.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

→ I understand that my FACTS account will be charged PER CHILD a registration fee of \$30 for "Eagles Nest," and I understand I will be billed at a rate of \$4.50 per hour in 15 minute increments.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

→ I give permission for my child to participate in outdoor activities either on the grassy field, elementary school playground, and on-campus field trips to the "Common Grounds."

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Thank you for enrolling in The Eagle's Nest! Where KIDS learn to SOAR!**

# MEDICAL/ALLERGY ALERT

**Does your child have a medical condition or allergy to a food or other substance that, if exposed, could result in a medical emergency?**

Please  
place your  
child's photo

**Name:** \_\_\_\_\_

<b>Condition or Substance</b>	<b>Reaction(s)</b>	<b>Procedure to follow if reaction occurs</b>

By signing below I understand and agree that this form containing information regarding my child will be posted in my child's classroom and will be accessible to all staff and classroom volunteers.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_