

Lincoln School Homework Center
Registration Form
Grades 3 - 8

Child's Name: _____ Grade: _____ Teacher: _____

Days Attending: ___Monday ___Tuesday ___Wednesday ___Thursday

At the end of homework center, my child will be:

- a) picked up @ 3:30 _____
- b) walk home by him/herself _____
- c) return to Extended Day _____

Parent/Guardian Name: _____

Address: _____

Phone: Home #: _____ Work #: _____ Cell #: _____

Email Address: _____

Please list two people to contact if you are unavailable:

- 1. Name: _____ Phone: _____
- 2. Name: _____ Phone: _____

All children in this program must be covered by medical insurance

Type of Medical Coverage: _____

Policy #: _____

Child's ID#: _____

Child's Physician: _____ Phone: _____

Please provide pertinent health information about student, such as allergies & medications:

In case of emergency, when I cannot be reached at any of the above numbers, I authorize the LASAP to take my child to the nearest hospital for emergency treatment or to the hospital designated by the Brookline Police.

I/We, the Parent(s) and/or Guardian(s) of the above named child, hereby release and forever discharge LASAP and its employees or agents from any and all claims and liability arising in law or equity as a result of my child's enrollment and participation LASAP

Parent/Guardian Signature _____ Date: _____

Relationship to Child _____