



(PLEASE PRINT ALL INFORMATION)

NAME: _____ AGE: _____ BIRTH DATE: _____

SCHOOL PARTICIPANT ATTENDS: _____ CURRENT GRADE: _____

HOW WILL CHILD ARRIVE AT FORT DECATUR? _____

PARENT/GUARDIAN NAME: _____

MAILING ADDRESS: _____ ZIP: _____

DAYTIME PHONE: _____ EVENING PHONE: _____

EMERGENCY CONTACT NAME (must differ from above): _____

EMERGENCY CONTACT PHONE(must differ from above): _____

Please add any other information you would like us to know (*Allergies*).

LATE PICK UP POLICY:

Any student pick up past the 5:45 pickup time will be charged a \$15.00 late fee per thirty minutes.

By signing below, the parent/guardian acknowledges this policy and agree's to adhere to the policy.

PARENT/GAURDIAN NAME (please print): _____

PARENT/GAURDIAN SIGNATURE: _____