



# BANTING ELEMENTARY

FREE LUNCH ONLY

\*PLEASE FILL OUT FORM COMPLETELY\*

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Birthdate: \_\_\_\_\_

Child's Name	Birthdate	Grade 2018-2019	Gender
1.			
2.			
3.			
4.			

Program Needed (circle one):

**BEFORE SCHOOL ONLY**

**AFTERSCHOOL ONLY**

**BEFORE & AFTERSCHOOL**

Months Needed:

**WHOLE SCHOOL YEAR NEEDED**

OR select as needed:

- SEPTEMBER
- OCTOBER
- NOVEMBER
- DECEMBER
- JANUARY

- FEBRUARY
- MARCH
- APRIL
- MAY/JUNE

**"Day Off" Activity Days Needed: REGISTER ON-SITE 3 WEEKS PRIOR TO PROGRAM**

Authorization to participate and for Emergency Medical Treatment

I, as parent/legal guardian of the above named child(ren), hereby give permission for his/her participation in the above listed activity(ies). I further authorize, without my prior approval, the rendering of any emergency medical treatment that may be necessary due to his/her/my participation in the activity(ies).

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR  
OFFICE  
USE ONLY

07/25/16

DATE REVIEWED: \_\_\_\_\_

VERIFICATION RECEIVED: \_\_\_\_\_

REVIEWED BY: \_\_\_\_\_

APPROVED

DENIED

REASON \_\_\_\_\_