

**Pleasantville Middle School Registration and Medical Form**  
**Pleasantville Recreation After School Program**

**Child Information**

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

Date of Birth: \_\_\_\_\_ Sex: M / F Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

Does your child have permission to walk home alone? Yes / No

**Parent/Guardian Information**

Mothers Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fathers Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Information**

Special Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I give these following people permission to pick up my child**

Please Print

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

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_