

ROOSEVELT SCHOOL
Melrose, Massachusetts 02176
EARLY BIRD PROGRAM
REGISTRATION FORM

CHILD'S NAME: _____

CHILD'S ADDRESS: _____

DATE OF BIRTH: _____ AGE: _____

GRADE: _____ TEACHER: _____

GUARDIAN(S) NAME: _____

GUARDIAN'S ADDRESS: _____

GUARDIAN'S HOME PHONE: _____

GUARDIAN'S BUSINESS PHONE: _____ EMPLOYER: _____

GUARDIAN'S BUSINESS PHONE: _____ EMPLOYER: _____

IF GUARDIAN CANNOT BE REACHED BETWEEN 7:15 AND 8:20 AM, PLEASE CALL:

NAME: _____ ADDRESS: _____

PHONE: _____ RELATIONSHIP TO CHILD: _____

ADDITIONAL COMMENTS: _____

SPECIAL MEDICAL NOTES: _____

*FULL MEDICAL RECORDS AND ADDITIONAL EMERGENCY INFORMATION IF NEEDED ARE
AVAILABLE IN THE SCHOOL OFFICE.*

PLEASE CHECK OFF DAYS THAT YOUR CHILD WILL REGULARLY ATTEND THE
PROGRAM:

MONDAY: ___ TUESDAY: ___ WEDNESDAY: ___ THURSDAY ___ FRIDAY ___

EMERGENCY DROP-OFF ONLY: ___