

CONNECT-LCS L.L.C.

REGISTRATION FORM

Student's Name _____ Male _____ Female _____

D.O.B. _____

Address _____ Telephone _____

Grade _____ Email _____

Father's Name _____ Cell Phone _____

Employer _____ Work Phone _____

Employer Address _____

Mother's Name _____ Cell Phone _____

Employer _____ Work Phone _____

Employer Address _____

Emergency Contact Name _____ Phone _____

Emergency Contact Name _____ Phone _____

Student's Physician: _____ Phone _____

Student's allergies: _____

Is your child taking medication at this time? _____ If yes, what? _____

Special info you would like us to be aware of: _____

Please circle days care is needed after school: M T W TH F

Are you currently on the LSACC waiting list? _____

Registrations accepted on a first-come/first-served basis with priority give to Lisbon School Aged Child Care waiting list students and full-time applicants.

Return completed Registration Form with \$30/family Non-Refundable Registration Fee to:
Lisbon Central School, 15 Newent Rd., Lisbon, CT., Attn: Tammy Lerro, CONNECT-LCS L.L.C.

Please make checks payable to Connect-LCS L.L.C.. Each student requires a registration, medical emergency, signed discipline policy and alternative pickup form. Additional forms may be obtained in the LCS office.

FOR OFFICE USE

Date Received: _____ Registration Fee: \$30.00 Ck # _____

Student Enrollment Date: _____