



FMES Cub Club Registration Form

Start Date: _____

Student Name: _____ Grade: _____

Homeroom Teacher: _____ Date of Birth: _____

Address: _____

Parent/Guardian Email Address: _____

Parent Information

Father's Name: _____ Home Phone: _____

Cell Phone: _____ Employer: _____

Work Phone: _____

Mother's Name: _____ Home Phone: _____

Cell Phone: _____ Employer: _____

Work Phone: _____

Name and Grade of any Siblings Enrolled at FMES:

Emergency Contacts:

In case of emergency, name of persons to call if parent or guardian cannot be reached

Name: _____ Phone: _____

Name: _____ Phone: _____

Does your child have any unusual ailment, handicap, or allergy that we need to know about? ___Yes ___No

Explain: _____

In case of serious emergency, and I cannot be reached, I hereby authorize the administration of Freeman's Mill Elementary to seek medical aid for my child, and I will be responsible for any charges for such medical aid.

Parent Name (please print): _____ Date: _____

Official Parent/Guardian Signatures:

Relation to Student:
