



BLUE SPRINGS SCHOOL DISTRICT
Prime Time (PT) Enrollment & Emergency Information Form



Enrollment: The enrolling parent is financially responsible for weekly fees and for assuring they are paid on time.

The enrolling parent is responsible for providing correct and current information to their participant's designated school and PT site. Signing this form below verifies accuracy.

Participant's Legal Name: _____ Preferred Phone Contact #: _____

Grade: _____ Birth Date: _____ Teacher (if known): _____ PT Site: _____

Parent/Guardian(s) Allowed to Pick-Up: _____

Email Address: _____ Family Password: _____

Attendance Session (i.e., choose one)? _____ AM Only _____ PM Only _____ AM & PM

Early Dismissal Instructions: If school is dismissed early for inclement weather, the participant is to (i.e., choose one):

_____ Go to Prime Time _____ Go Home/Bus _____ Go Home/Car Rider

Emergency/Non-Routine Pick-Up and/or Contact: Authorized individuals should be at least 21 years-of-age to be eligible for participant emergency/non-routine pick-up and/or contact and should also be the same as designated for regular school day purposes. The family password and/or a picture ID is/are required for emergency pick-up. A total of four authorized individuals may be designated in the space provided below.

Name _____	Name _____
Relationship _____	Relationship _____
Home Phone (____)_____ Work (____)_____	Home Phone (____)_____ Work (____)_____
Cell Phone (____)_____	Cell Phone (____)_____
Name _____	Name _____
Relationship _____	Relationship _____
Home Phone (____)_____ Work (____)_____	Home Phone (____)_____ Work (____)_____
Cell Phone (____)_____	Cell Phone (____)_____

Special Custody Arrangements: Are there any? If yes, explain _____

Full-Day Session Instructions: Parents are requested to identify a preferred full-day session attendance location within close proximity to their resident school that the participant will attend for the entire 2016-2017 PT term (i.e., unless written notification of a change is provided to the site lead). To accomplish this task, please place an X in the appropriate box (i.e., only designate one site). This information must be provided separately for each participant.

___ Daniel Young ___ Franklin Smith ___ James Lewis ___ Sunny Pointe ___ Voy Spears, Jr. ___ William Yates

Program T-Shirt: A program t-shirt must be worn during all field-trips. Please designate the desired shirt size with an X.

___ 6/8 ___ 10/12 ___ 14/16 ___ Adult S ___ Adult M ___ Adult L

Medical/Special Conditions: Please list any health or other conditions affecting your participant that staff should be aware of (e.g., medical, allergies, special needs). Any/All changes should be immediately communicated to the site lead.

Emergency Medical Care Authorization: Immediate notification will be provided to the enrolling parent in the event of a participant accident or illness. Once notified, the enrolling parent is to make arrangements for medical care with the preferred physician or hospital. In the event the enrolling parent cannot be reached to make necessary arrangements, Prime Time staff are authorized to call 911. The enrolling parent is responsible for the cost of all medical care provided to the participant, including ambulance service.

Parent Signature: _____ Date: _____