

ROOSEVELT SCHOOL  
Melrose, Massachusetts 02176

EARLY BIRD PROGRAM  
REGISTRATION FORM

CHILD'S NAME: \_\_\_\_\_

CHILD'S ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

GRADE: \_\_\_\_\_ TEACHER: \_\_\_\_\_

PARENT(S) NAME: \_\_\_\_\_

PARENT(S) ADDRESS: \_\_\_\_\_

PARENT(S) HOME PHONE: \_\_\_\_\_

MOTHER'S BUSINESS PHONE: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

FATHER'S BUSINESS PHONE: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

IF PARENT 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: \_\_\_