

WINTHROP SCHOOL
162 First Street
Melrose, Massachusetts 02176

EARLY MORNING DROP-OFF PROGRAM **REGISTRATION FORM**

CHILD'S NAME: _____.

CHILD'S ADDRESS _____.

DATE OF BIRTH _____ AGE _____.

GRADE _____ TEACHER _____.

PARENT OR GUARDIAN INFORMATION:

NAME _____ NAME _____.

ADDRESS _____ ADDRESS _____.

TELEPHONE _____ TELEPHONE _____.

BUSINESS PHONE _____ BUSINESS PHONE _____.

CELL PHONE _____ CELL PHONE _____.

IF PARENT CANNOT BE REACHED BETWEEN 7:15 AND 8:20 A.M. CALL:

NAME: _____ TELEPHONE _____.

OTHER 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 NOTIFY THE PROGRAM DIRECTOR OF ANY CHANGES.

