



Little Laker Club
Family Registration

For Office Use Only	
Date Received	____/____/____
Check #	_____ \$ _____

Yearly Family Registration Fee: \$10.00/family

Turtle Lake School District	715-986-4470	205 Oak Street North	Turtle Lake, WI 54889	www.turtlelake.k12.wi.us
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CHILDREN:

First Name: _____ Last Name _____ Gender: M F
 Birthdate: ____/____/____ Grade: ____ Teacher: _____
 Child's Doctor/Clinic: _____
 Doctor/Clinic Phone _____

First Name: _____ Last Name _____ Gender: M F
 Birthdate: ____/____/____ Grade: ____ Teacher: _____
 Child's Doctor/Clinic: _____
 Doctor/Clinic Phone _____

First Name: _____ Last Name _____ Gender: M F
 Birthdate: ____/____/____ Grade: ____ Teacher: _____
 Child's Doctor/Clinic: _____
 Doctor/Clinic Phone _____

PARENT/GUARDIAN: _____ Relationship: _____
 Home Mailing Address: _____ City: _____ Zip: _____
 Email: _____
 Home Phone: _____ Mobile Phone: _____
 Place of Employment: _____ Work Phone: _____

PARENT/GUARDIAN: _____ Relationship: _____
 Home Mailing Address: _____ City: _____ Zip: _____
 Email: _____
 Home Phone: _____ Mobile Phone: _____
 Place of Employment: _____ Work Phone: _____

The information on this form will constitute a private record and will not be released to other parties.

PARENT/GUARDIAN: _____ Relationship: _____
Home Mailing Address: _____ City: _____ Zip: _____
Email: _____
Home Phone: _____ Mobile Phone: _____
Place of Employment: _____ Work Phone: _____

Other Persons who are **AUTHORIZED** to take your children from the program and assume responsibility if a parent/guardian cannot be reached: (List at least two and please make them aware that you have listed them).

Name: _____ Relationship: _____
Phone: _____ Alt. Phone: _____

Name: _____ Relationship: _____
Phone: _____ Alt. Phone: _____

Name: _____ Relationship: _____
Phone: _____ Alt. Phone: _____

Name: _____ Relationship: _____
Phone: _____ Alt. Phone: _____

List any specific persons who are **NOT AUTHORIZED** by court order to take your child. You must provide staff with a copy of the court order.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Please list all known allergies:

I have received and agree to read and follow program policies as stated in the Parent/Student Handbook. In the event of a serious accident, illness, or if unable to contact me, I hereby authorize Turtle Lake School District staff to make whatever arrangements they deem necessary.

Parent /Guardian Signature: _____ Today's Date _____