

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Sibling (and grade level): \_\_\_\_\_

Sibling (and grade level): \_\_\_\_\_

Registration Date: \_\_\_\_\_



**5897 Prestley Mill Road • Douglasville, GA 30135 • 770-615-3680 phone • 770-575-3614 fax  
www.brightenacademy.com**

## **After School Program Registration (PLEASE PRINT)**

All inquiries for ASP should be made to Dana Weeks, at [dweeks@brightenacademy.com](mailto:dweeks@brightenacademy.com)

### **Parent Information:**

Name(s)
Address
(city/ state/ zip)
Home Phone / Cell Phone / Best Contact Number

### **Parent Email(s):**

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### **Emergency Contacts/Persons Authorized to Pick-up (other than parent listed above)\***

<u>Name</u>	<u>Relationship</u>	<u>Phone(s)</u>

**\*Photo ID and/or dismissal card will be required for pick-up.**

### **Medical History:**

Primary Physician's Name		Phone
Does your child have any food allergies?	If yes, please list:	
Does your child take any prescription medication?	If yes, please list:	
Please provide any additional information about serious allergies, conditions, physical or emotional health issues.		

