

Mustang Public Schools Bronco Club
DROP-IN FORM
 2017-18

This form shall be completed prior to the child's first day of attendance.

Child's Name		Date of Birth	Date Service Needed
Home Address		Home Telephone	
City	State	Zip	
Parent/Guardian Name		Relationship to Child	
Home Address		Home Telephone	
City	State	Zip	
Email Address (if applicable)		Cell Phone	
Parent/Guardian Work Telephone		Parent/Guardian Work Name	
Parent/Guardian Work Address		City	
Who can pick up your child from Bronco club?			
Emergency Contacts: Parents cannot be listed as emergency contacts. List the name of at least one person who can be contacted in the event of an emergency or illness if you cannot be reached . Any person listed should be able to assist in contacting you. At least one person listed must be within one hour of the school, be able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.			
Name		Name	
City	State	City	State
Telephone Number	Relationship to Child	Telephone Number	Relationship to Child
Other numbers where emergency contact can be reached (if applicable)		Other numbers where emergency contact can be reached (if applicable)	
Name of Physician or Clinic/Hospital			
Street Address			
City	State	Telephone Number	
Please list allergies or medications your child may have or take: <i>*Medication will not be administered at Bronco Club for Drop-In students.</i>			
Acknowledgement of Policies and Procedures I			
have received and reviewed a copy of the Bronco Club handbook. Yes No			
This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child attending Summer Bronco Club. The parent/guardian and the administrator/designee shall initial and date the form in the section below.			
Parent/Guardian Signature(s)		Date:	