



St. Margaret Regional School
143 Main Street
Buzzards Bay, MA 02532
508-759-2213
www.smrsbb.org

**Please register my child for
SMRS “Summer Fun for Little Ones”**

Non-Refundable registration fee of 50.00 will be applied to balance.
Make checks payable to SMRS.
One form per child.

Child's Name: _____ Age: _____
Address: _____
City: _____ State: _____ Zip: _____

Mother's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell: _____
Work/Business Phone: _____
Employer: _____
Email address: _____

Father's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell: _____
Work/Business Phone: _____
Employer: _____
Email address: _____

Please list below any other adult permitted to pick up your child, besides his or her parent. Only those listed below will be permitted to pick up your child. Please print the names clearly. For the safety of your child, we will ask for identification.

Name: _____
Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____

Name: _____
Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____

Name: _____
Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____

List two available relatives/friends who could assume temporary care of your child in case of emergency.

Name: _____
Relationship: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____

Name: _____

Relationship: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Are there any individuals who are restricted from picking up your child?

Yes No

Name of individual: _____

Relationship to child: _____

Official Parent Signature: _____

Date: _____