

Student Name _____ (for office use: Empl.ID _____)

STUDENT INFORMATION

SIGN-IN/SIGN-OUT INFORMATION

(additional names can be added later by parent/guardian. Please include your own name, if applicable)

Please list the names of the parent(s) and/or other adults who have permission to pick the student up, including parent signing below.

By signing this form, the parent gives permission for the adults listed below to pick his or her child up from the Academies:

1. Name _____

Relation to student: _____ Phone number: _____

2. Name _____

Relation to student: _____ Phone number: _____

3. Name _____

Relation to student: _____ Phone number: _____

Adults listed above may be asked to show photo I.D. at pick-up. Please have I.D. ready.

EMERGENCY CONTACTS

In case an emergency situation arises who should we contact first? Include your own name, if applicable, contact:

1. Name _____

Relation to student: _____ Phone number: _____

(OPT. Additional Phone number: _____)

2. Name _____

Relation to student: _____ Phone number: _____

(OPT. Additional Phone number: _____)

HEALTH NEEDS/SPECIAL CONSIDERATIONS

1. Does the student have any allergies, or other health issues or conditions? No Yes
Please explain: _____

2. Does the student take any medications? No Yes
Please list: _____

3. Will your student need to take any of these medications during the program? No Yes

4. Does the student carry a respirator, EpiPen, or other medical device? No Yes
Please explain: _____

5. Does the student have any special learning or behavioral needs? No Yes
Please explain: _____

Additional Comments: _____

Send payment and registration forms to PVCC Workforce Services, 501 College Drive, Charlottesville, VA 22902.

For more information or to register by phone with a credit card, please call 434.961.5354 or KidsCollege@pvcc.edu.

