



SHIP

THE SPENCER HOMEWORK PROGRAM

REGISTRATION FORM

Name of Student _____ Grade _____

Street Address of Student _____ City _____

Teacher _____

Parent/Gaurdian Contact Numbers

Home _____

Cell _____

Work _____

Email _____

Health Information:

Please list any allergies (especially food allergies)

Medications needed during SHIP:

Dismissal Arrangements:

It is very important for you to let us know where you would like your child to go after SHIP each day. If there is a change, or if someone else is to pick up your child, we need a signed parent note, phone call or email.

After Ship my child:

_____ Has permission walk/bike home

_____ Will go to Rookie Rockets

_____ Will be picked up no later than 4:05

_____ Will go to the Spencer Kids Group and walk/bike home when he/she wants

_____ Will be picked up at the Spencer Kids Group before it closes at 6:00pm

**Please note: If you are planning on picking your child up at the school you will need to do so by 4:05pm. At that time we will

take all remaining students to the Spencer Kids Group. SKG closes at 6pm.

I authorize my child to participate in the SHIP program and the program coordinator to view their grade reports and monitor their academic progress.

Parent/Guardian (print)

Parent/Guardian (signature)