# **Macon R-1 Schools Tiger Zone Enrollment Form—2016-2017**

# **Student Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Grade/Teacher**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent #1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent #2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pick-up List / Emergency Contacts**

*(Please list 5 people that may pick up your child or be contacted in case of an emergency)***:**

 ***Name Address Phone #1 Phone #2***

* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
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**I would like my child to be involved in:**

\_\_\_\_\_**Tiger Zone A.M. (7:00 – 8:00)--$1/day**

\_\_\_\_\_**Tiger Zone P.M. (3:25 – 5:15)--$3/day**

**My child will attend Tiger Zone P.M. on the following days** *(please mark)***:**

\_\_\_\_\_M \_\_\_\_\_T \_\_\_\_\_W \_\_\_\_\_Th \_\_\_\_\_F

\_\_\_\_\_as needed *(Your child will only stay for TZ when you call or send a note.)*

*Please fill out this part of the form if your child will be participating in the Tiger Zone P.M. program.*

**\_\_\_\_\_I give permission for my child to participate in local field trips as part of the Macon Elementary Tiger Zone program.** *(Please initial.)*

**At the end of Tiger Zone, my child:**

\_\_\_\_\_will be picked up at school by 5:15.

\_\_\_\_\_has permission to walk or ride his/her bike home.

**If Tiger Zone is cancelled due to an unforeseen emergency, I would like my child to:**

\_\_\_\_\_ride the bus to the address on file with the Transportation Department.

\_\_\_\_\_be picked up at school by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(name)*.

\_\_\_\_\_walk or ride his/her bike home.

***I give permission for my child to participate in the Macon R-1 Tiger Zone program. I agree to pay the fees charged for my child’s attendance in the program, and I understand that lack of payment will result in the discontinuance of my child’s participation in the program.***

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*(Name) (Date)*