



Miles Jones Foundation Before and Afterschool Program Registration Form

Program Location: 1014 Starr Ave Toledo, Ohio 43605

Program Dates: 9/1/2024-5/15/2025

Program Hours: 6AM- Start of school & End of school-6PM

Contact Email: milesjonesfoundation@milesjonesfoundation.com

Phone Number: 313-720-7800

Child Information

1. **Child's Full Name:** _____
 2. **Date of Birth:** _____
 3. **Gender:** Male Female Non-Binary Prefer Not to Say
 4. **Grade:** _____
 5. **School Name:** _____
 6. **Allergies or Medical Conditions (if any):** _____
 7. **Emergency Contact (Name & Phone Number):** _____
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Parent/Guardian Information

1. **Parent/Guardian 1 Full Name:** _____
 2. **Relationship to Child:** _____
 3. **Phone Number:** _____
 4. **Email Address:** _____
 5. **Address:** _____
 6. **City:** _____ **State:** _____ **ZIP Code:** _____

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1. **Parent/Guardian 2 Full Name (if applicable):** _____
2. **Relationship to Child:** _____
3. **Phone Number:** _____
4. **Email Address:** _____



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5. Address (if different from above): _____
6. City: _____ State: _____ ZIP Code: _____
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Program Participation

1. **Select the Days Your Child Will Attend:**
- Monday
 - Tuesday
 - Wednesday
 - Thursday
 - Friday
2. **Select Before School Attendance:**
- 7:00 AM - 8:00 AM
 - 8:00 AM - 9:00 AM (if applicable)
3. **Select After School Attendance:**
- 3:00 PM - 4:00 PM
 - 4:00 PM - 5:00 PM
 - 5:00 PM - 6:00 PM
4. **Preferred Pick-Up Time (if applicable):** _____
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Authorized Pick-Up Persons

1. Name: _____ Relationship: _____
Phone Number: _____
2. Name: _____ Relationship: _____
Phone Number: _____
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Permissions

1. **Medical Treatment Authorization:**
- In the event of an emergency, I authorize the program staff to seek medical treatment for my child if necessary.
 - Yes No
2. **Photo and Media Release:**



- I give permission for my child's image to be used in promotional materials and social media for the program.
- Yes No

3. Field Trip Permission:

- I give permission for my child to participate in field trips organized by the program.
 - Yes No
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Additional Information

- **Please provide any additional information or special instructions for your child:**
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Parent/Guardian Signature: _____ **Date:** _____

Program Coordinator Signature (for office use only): _____
Date: _____

Note: All information provided is confidential and will be used solely for the purposes of the before and afterschool program.