

## REBEL CARE REGISTRATION

There is a \$20/child non-refundable registration fee that will be charged to your FACTS account. The registration fee includes new and old students.

### PERSONAL INFORMATION

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_  
Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_  
Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_

### PICK-UP AND EMERGENCY CONTACTS

Please list below who may pick up your child from Rebel Care and/or able to make medical decisions for child(ren) listed above.

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

Please list all concerns, allergies, or needs that we need to know about your child.

\_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Hospital Preference \_\_\_\_\_ Phone \_\_\_\_\_

This certifies that permission is given to TRA to seek medical treatment for the names listed above, in the event that parents or emergency contacts cannot be reached immediately.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**REBEL CARE CONTACT:  
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CELL 901-409-0075  
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