

GENERAL RAY DAVIS MIDDLE SCHOOL
ENRICHMENT PROGRAM
REGISTRATION FORM

Please register online or complete and return with payment to the office at DMS. Make checks payable to the DMS After School Program.

Child's Name _____

Age: _____ Grade: _____ Homeroom Teacher: _____

Address: _____

Mother's Name _____ Contact Information _____

Father's Name _____ Contact Information _____

Medical Information/Allergies: _____

Name and Numbers of Emergency Persons to Call:

(1) _____

(2) _____

(3) _____

Persons with Permission to Pick Up Child: (Other than above)

(1) _____ (2) _____

Course Selections:

Enrolled:

Paid:

1st Selection _____

2nd Selection _____

3rd Selection _____

4th Selection _____

5th Selection _____

Please pick up your child in front of the school at 5:00.