

**JUNCTION ELEMENTARY SCHOOL DISTRICT  
RAIDER CARE PROGRAM ENROLLMENT FORM**

**Student Enrollment and Billing Info:**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Billing Email: \_\_\_\_\_ Billing Phone: \_\_\_\_\_

Allergies or Health Concerns: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Additional Emergency Contacts:**

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

Relationship: \_\_\_\_\_ Authorized to Pick Up? YES or NO

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

Relationship: \_\_\_\_\_ Authorized to Pick Up? YES or NO

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

Relationship: \_\_\_\_\_ Authorized to Pick Up? YES or NO

*Please note that all students must be picked up by someone 18 years of age or older, or must have a signed note from a parent/guardian on file with RaiderCARE.*

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**I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THE RAIDER CARE  
PROGRAM HANDBOOK AND AGREE TO ABIDE BY ALL POLICIES.**

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**PARENT/GUARDIAN SIGNATURE**

**DATE**

