



After School Program Registration Form

My child will be enrolled in the **prepaid (\$10 per day) After School Program** for (check one):
 Full Week Regular Individual Days (circle days) M T W TH F Emergency Only

PLEASE PRINT

Student's Name (Last, First, Middle Initial) _____

Male / Female _____

Date of Birth _____

Grade _____

Homeroom Teacher _____

Student's Address: _____

If your child needs special medical consideration or medication, please list (allergies, diet, medicine, etc.)

Parent/Legal Guardian's Name _____

Relationship _____

Work Phone _____

Cell Phone _____

Home Phone _____

Parent/Legal Guardian's Name _____

Relationship _____

Work Phone _____

Cell Phone _____

Home Phone _____

IN CASE OF EMERGENCY, AND THE PARENT(S)/LEGAL GUARDIAN(S) LISTED ABOVE CANNOT BE REACHED, CONTACTS PROVIDED BY THE PARENT IN THE STUDENT INFORMATION SYSTEM WILL BE NOTIFIED. PHOTO ID MUST BE PROVIDED AT TIME OF PICK-UP.

I have read and understand the policies and procedures concerning my child's participation in ASP and will assume liability for accidents and injuries incurred during this program.

Signature of Parent/Legal Guardian _____

Date _____