



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.)

Blank lines for medical considerations

Parent/Legal Guardian's Name Relationship

Work Phone Cell Phone Home Phone

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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