



### After School Program Registration Form

My child will be enrolled in the **prepaid** (\$12 per day) **After School Program** for (select one):

Full Week     Regular Individual Days (select 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.**

\_\_\_\_\_ *By initialing, I acknowledge that 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