



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