



After School Program Registration

2019-20 SY

(available for grades K – 4th)

Students Full Name:

Date of Birth

Grade:

School

Parents Names: _____

Address _____

Cell Phone _____ / _____ Home# _____
(Mother) (Father)

Father's Place of Employment _____ Phone _____

Email _____

Mother's Place of Employment _____ Phone _____

E-mail _____

Scheduled days and tentative pick-up times \$.11 per minute or \$6.60 an hour

****Picking-up of your child later than 5:05pm will result in a charge of \$1.00 per minute****

Monday	Tuesday	Wednesday	Thursday	Friday

_____ **My Child will attend the After School Program on Early Dismissal Days**

The following adults are authorized to pick up my Children:

Emergency information on back page must be filled out



Emergency Information: Illness or Accident or leaving the school premises.

In the event of apparently serious illness or accident, when I (the child's parent) cannot be reached, I wish one of the following to be notified by phone. They are authorized to act in my absence and may also release my child from school for either minor or serious illness when I am unavailable.

<i>Name</i>	<i>Relationship</i>	<i>Phone Number or Cell No.</i>

Child's Full name _____ **DOB:** _____

Unusual health conditions? Yes _____ No _____

If yes, complete: Diabetes _____ Heart _____ Convulsive Seizure _____ Migraines _____

Other: _____

Food Allergies: _____

Allergic Reaction: Yes _____ No _____

Epi Pen _____

Allergy Plan for Staff: _____

Environmental Allergies: _____

Allergic Reaction: Yes _____ No _____

Epi Pen _____

Allergy Plan for Staff: _____

Current Medication: _____

My child will need medication during after school hours: No _____ Yes _____ (Medicine form needed)

Family Doctor: _____ **Phone Number:** _____

If emergency treatment is required and the parents/guardians cannot be reached immediately, may the school authorities use their own judgment in calling the doctor indicated above or 911? This will include getting the student to the hospital if necessary.
Check _____ Yes

_____ No. If NO, what do parents want? _____

Parent/Guardian Signature: _____