



After-School Program Registration
2023-24 SY (available for grades PK – 3rd)

Student's Full Name: _____ Date of Birth _____ Grade: _____ School _____

Parents Names: _____

Address _____

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

Father's Email _____

Place of Employment _____ Phone _____

Mother's E-mail _____

Place of Employment _____ Phone _____

Fee structure: \$8.00 per hour or \$16.00 per day. 3:00pm to 4:00pm; 4:00pm to 5:00pm are the time frames for each hourly charge.

****Picking-up of your child later than 5:00pm will result in a charge of \$1.00 per minute****

Scheduled days and tentative pick-up times

Monday	Tuesday	Wednesday	Thursday	Friday

The following adults are authorized to pick up my Child:

Name	Phone #
_____	_____
_____	_____
_____	_____
_____	_____

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: _____