

# AFTER-SCHOOL PROGRAM

Date Entered: \_\_\_\_\_

Start Date: \_\_\_\_\_

Registration Fee Paid: \_\_\_\_\_



School: \_\_\_\_\_

Homeroom Teacher: \_\_\_\_\_

Cash: \_\_\_\_\_ Check #: \_\_\_\_\_ Recp: \_\_\_\_\_

Pickup Restrictions

Medical Concerns

## ASP Application Form

(Return to School Office)

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian #1 (May Pick Student Up from ASP) \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian #2 (May Pick Student Up from ASP) \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### Emergency Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

The following people **MAY** pick up my child from the After School Program (other than Parent/Guardians listed above). If your child will be picked up by a day care center, please include the center on this list. Additional names may be listed on the back.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Pickup Restrictions: (Who **May Not** Pick Up Child) \_\_\_\_\_

Medical Concerns: \_\_\_\_\_

If your child has medical concerns or may require emergency medicine, forms HRS 29 and HRS 32 must be on file.

My child will be enrolled for: \_\_\_\_\_ Full Week \_\_\_\_\_ Drop-In \_\_\_\_\_ Individual Days: \_\_M\_\_T\_\_W\_\_Th\_\_F

If school dismisses early for any reason, please have my child:

\_\_\_\_\_ Go home on bus# \_\_\_\_\_ \_\_\_\_\_ Ride/Walk home with \_\_\_\_\_ \_\_\_\_\_ I will pick up.

I have been provided with my own copy of the ASP Parent Information Form and have read, understand, and agree to abide by all policies and procedures therein. I also assume liability for accidents and injuries incurred during the After- School Program. In the event of an emergency, I authorize the person(s) in charge to seek immediate medical attention for my child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Note: Application fee must be enclosed to process this application form.**