



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

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

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

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

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

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

Pickup Restrictions

Medical Restrictions

### ASP APPLICATION FORM

(Return to School Office)

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

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

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

Guardian/(Step)Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Guardian/(Step)Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

#### In Case of Emergency Contact:

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Hospital or Physician

The following people **MAY** pick up my child from the Houston After-School Program (other than parent/guardian, including day care center representatives). List day care center's name. An I.D. must be provided!

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

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

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

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

Additional names may be listed on the back

In custody cases, the following people **MAY NOT** pick up my child from Houston County ASP. (A copy of custodial records must be submitted with this form)

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

IF YOUR CHILD NEEDS SPECIAL INSTRUCTIONS (ALLERGIES, DIET, MEDICAL, ETC.) PROPER PERMISSION FORM HRS -29 MUST BE ON FILE. PLEASE LIST ANY ADDITIONAL MEDICAL INFORMATION THE ASP SHOULD KNOW ABOUT YOUR CHILD. See the Parent Information Form for additional guidelines. (Use back if more space is needed.)

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

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

Date \_\_\_\_\_

**NOTE: Check must be enclosed to process this application form**