

VIDALIA CITY SCHOOLS
2023/24 AFTER SCHOOL PROGRAM REGISTRATION FORM



Name of Student _____

Grade _____ Age _____ Birthday _____

Address _____ Home Phone _____

Name of the adult that the student lives with _____

Parents Information:

Dad's Name _____ Place of Work _____

Dad's Work Phone _____ Dad's Cell Phone _____

Mom's Name _____ Place of Work _____

Mom's Work Phone _____ Mom's Cell Phone _____

In case of an emergency, please call:

_____ Phone _____

_____ Phone _____

_____ Phone _____

Special Instructions (allergies, medical, diet, etc.) _____

Names of people who cannot pick up my child from the program _____

I understand the fees for the ASP are \$10.00 per day to be paid daily or weekly. I also understand that I am to pick up my child from the program by 6:00 each day. My child can be dismissed from the program due to discipline infractions, late tuition payments or late pickup. I also assume liability for accidents and injuries incurred during the After-School Program. In the event of an emergency, I authorize permission to seek immediate medical attention for my child

Parent's Signature

Date