



## 2018-2019 After School Program Registration Form

(All forms must be fully completed for each child you register and before he/she can start Program)

Office Use Only
Start Date _____
End Date _____
Start Date _____
End Date _____

School Student Attends: \_\_\_\_\_ Grade in 2018-19: \_\_\_\_\_

Name of Your Child's Teacher \_\_\_\_\_

Reason for enrolling: Teacher Referral \_\_\_ Academic Help \_\_\_ Work Schedule \_\_\_ Other \_\_\_\_\_

**Important: Indicate the days your child will attend program.**

Monday   
  Tuesday   
  Wednesday   
  Thursday   
  Friday

**Child's Information (IMPORTANT: Each child must have a separate registration form on file.)**

Last Name	First Name	Home Address	Birthdate

<p><b>PARENT/GUARDIAN (Primary)</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>Primary Phone: _____</p> <p>Place of Employment: _____</p> <p>Work Phone: _____</p> <p>Relationship: _____</p> <p>E-Mail: _____</p>	<p><b>PARENT/GUARDIAN</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>Primary Phone: _____</p> <p>Place of Employment: _____</p> <p>Work Phone: _____</p> <p>Relationship: _____</p> <p>E-Mail: _____</p>
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<p><b>EMERGENCY CONTACT (Priority 1)</b></p> <p>Name: _____</p> <p>Is this person authorized to pick up your child from program:  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Address: _____</p> <p>Home Phone: _____</p> <p>Work Phone: _____</p> <p>Relationship: _____</p>	<p><b>EMERGENCY CONTACT (Priority 2)</b></p> <p>Name: _____</p> <p>Is this person authorized to pick up your child from program:  <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Address: _____</p> <p>Home Phone: _____</p> <p>Work Phone: _____</p> <p>Relationship: _____</p>
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**List other people authorized to pick up your child from program (Must be 14 or older and have identification):**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

I authorize all individuals listed on the school emergency card for pick up

**Please fill out backside of registration form**

**Please provide the following information so we can provide the best service to your child and family.**

**MEDICAL INFORMATION** - Check any special medical condition that your child might have.

Food allergies - Specify food(s): \_\_\_\_\_

Non-food allergies - Specify: \_\_\_\_\_

Does your child have an Epi-pen for allergies?  Yes  No

Asthma Does your child have an Inhaler?  Yes  No

Diabetes

Epilepsy/Seizure disorder

Other special needs for your child

Signs or symptoms to watch for medical conditions listed above - Specify: \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

If medications are necessary a copy of the "Authorization to Administer Medication" form should be attached to this form. Will your child require medication at program?  Yes  No

**OTHER**

Does your child have an IEP?  Yes  No

What language does your child primarily speak? \_\_\_\_\_

What is the primary language of the parent/guardian? \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Special concerns about your child or family - Specify? \_\_\_\_\_

**AUTHORIZATION**

Yes  No I hereby give my consent for my child to receive emergency medical care or treatment if I cannot be reached immediately.

Yes  No I will review the policies of this program and the guidelines by which the program is run and understand that it is my responsibility to assure that my child is present until the conclusion of any program day attended.

Yes  No I give my child permission to participate in fieldtrips and other off-site activities during program hours and that I will be notified in advance of these opportunities.

Yes  No I give my permission for my child to be photographed or videotaped for newsletters, website, and brochures.

Yes  No I give my child permission to participate in anonymous and/or confidential surveys and data for grants.

Because the number of eligible children seeking to enroll in the After School program often exceeds the number that may be safely and effectively served with available funding, waiting lists must be established from time to time. Preference will be given to students who meet the grant criteria AND attend program five days a week the entire length of the program.

Lack of transportation will not be a barrier to participation; please contact the Extended Learning Supervisor at (920) 448-3578 regarding an application for transportation assistance.

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