TROUP COUNTY SCHOOL SYSTEM
AFTER-CLASS ENRICHMENT PROGRAM
REGISTRATION FORM

Name of Child _____
Last First MI

Home Address _____

Grade_____ Homeroom Teacher_____

Father's Name _____Phone (Home) _____ (Work) _____

Mother's Name_____Phone (Home) _____ (Work) _____

If child lives with someone other than the parents, please list below:

Name_____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

The following people, other than those listed above, may pick up my child from the After-Class Enrichment Program:

Name _____ Phone_____

Name _____ Phone _____

Name _____ Phone _____

Special Instructions (Allergies, Medical, etc.)

_____

_____

_____

I verify that my child is covered by school insurance or another insurance provided by me as his/her parent or guardian. In the event of emergency, I authorize ACE personnel to seek immediate medical attention for my child. I assume liability for accidents and injuries incurred during After-Class Enrichment.

I have read the Parent Brochure and agree to follow the ACE guidelines. I understand that ACE is a pre-paid service and that if guidelines are not followed my child will not be allowed to attend.

_____ _____
Parent/Guardian Signature Date