

CHEROKEE COUNTY SCHOOL DISTRICT

After School Program Registration Form (English)

My Child will be enrolled in the prepaid (\$15 per day or \$12 per day if pay for full week) After School Program. I understand that drop-in payments will be \$20 per day.

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Please Print

Student's Name (Last, First, Middle Initial)

Male / Female

Date of Birth

Grade

Homeroom Teacher

Student's Address:

If your child needs special medical consideration or medication, please list (allergies, diet, medicine, etc.)

Parent/Legal Guardian's Name

Relationship

Work Phone

Cell Phone

Home Phone

Parent/Legal Guardian's Name

Relationship

Work Phone

Cell Phone

Home Phone

IN CASE OF EMERGENCY AND THE PARENT(S)/LEGAL GUARDIAN(S) LISTED ABOVE CANNOT BE REACHED, CONTACTS PROVIDED BY THE PARENT IN THE STUDENT INFORMATION SYSTEM WILL BE NOTIFIED.

PHOTO ID MUST BE PROVIDED AT TIME OF PICK-UP.

By initialing, I acknowledge that I have read and understand the policies and procedures concerning my child's participation in ASP and will assume liability for accidents and injuries incurred during this program.

Signature of Parent/Legal Guardian

Date