

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 _____

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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 _____