



# AFTERSCHOOL PROGRAM REGISTRATION FORM FOR THE 2025-2026 SCHOOL YEAR

## STUDENT INFORMATION

**CHILD'S NAME:** \_\_\_\_\_ Gender: ☐ Female ☐ Male

Grade: (2025-2026 year) \_\_\_\_\_ Teacher: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

List any medical conditions/allergies that your child has: \_\_\_\_\_

List any special needs that your child has: \_\_\_\_\_

**CHILD'S NAME:** \_\_\_\_\_ Gender: ☐ Female ☐ Male

Grade: (2025-2026 year) \_\_\_\_\_ Teacher: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

List any medical conditions/allergies that your child has: \_\_\_\_\_

List any special needs that your child has: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

**FATHER'S NAME:** (or legal guardian): \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a PIES Employee? ☐ Yes ☐ No Are you an HCS Employee? ☐ Yes ☐ No

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**MOTHER'S NAME:** (or legal guardian): \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a PIES Employee? ☐ Yes ☐ No Are you an HCS Employee? ☐ Yes ☐ No

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**\*\*Who should receive Pelican Pals information/emails? (circle one) BOTH MOM DAD**

## EMERGENCY CONTACTS / STUDENT PICK-UP INFORMATION / CUSTODY RESTRAINTS

**Pelican Pals does not have a Nurse on duty during the hours of 2:30pm-6:00pm.**

**In case of an Emergency, illness, or injury: parents will be contacted FIRST.**

Persons authorized to pick up my child

Relationship to Student

Phone

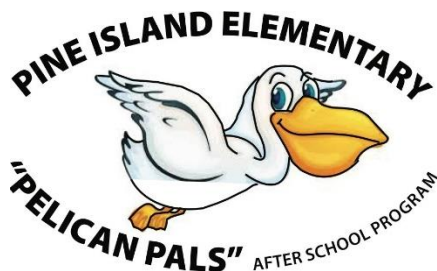
Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

**Custody Restraints and/or Person(s) who may NOT pick up child: (custody restraints require legal document to be attached).**

Name: \_\_\_\_\_ Name: \_\_\_\_\_



# Pine Island Elementary

Afterschool Program 2025-2026

## PINE ISLAND HANDBOOK SIGNATURE PAGE

The Pelican Pals Handbook is designed to provide parents and students information and guidance as to the procedures and rules of the Pelican Pals Afterschool Program. The contents of this Handbook may be changed as necessary at Pelican Pals discretion and, if changed, written notification of such changes will be provided to the parents.

Pelican Pals Hours: 2:30 pm – 5:45 pm

Medical Emergency Protocol (2:30 PM – 6:00 PM)

Please be advised that Pelican Pals does not have a nurse on duty during the hours of 2:30 PM to 6:00 PM. In the event of a major injury during this time, the following procedures will be followed:

1. Immediate contact will be made with the parent(s)/guardian(s) to inform them of the situation and receive instructions on how to proceed.
2. If parent(s)/guardian(s) cannot be reached promptly, staff will call 911 for professional medical assistance.
3. The Principal of Pine Island Elementary will also be notified on the date of the injury.

This policy is in place to ensure the safety and well-being of all students during after-school program hours.

### PARENT AGREEMENT:

I, \_\_\_\_\_ (parent/guardian) have read the material in the Pelican Pals Afterschool Program Handbook and agree to follow and uphold the afterschool policies while my son/daughter is enrolled in this program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any questions or concerns, you can contact Charlene Rivera, Director of Pelican Pals at [crivera@horrycountyschools.net](mailto:crivera@horrycountyschools.net) (843) 488-8001 from 12:00pm–6:00pm, Monday - Friday.

### *Office Use Only*

Date Application Received: \_\_\_\_/\_\_\_\_/2025 ☐ Accepted ☐ Waiting List

Registration Fee: Date Paid: \_\_\_\_\_ \$ \_\_\_\_\_ Check # \_\_\_\_\_ MPP \_\_\_\_\_ CC \_\_\_\_\_ Cash \_\_\_\_\_

☐ Registered ☐ Group Email ☐ Sign Out Book ☐ Student Card