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.

Please Print

_____

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

_____

Grade

_____

Homeroom Teacher

_____ 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.

_____

Printed Name of Parent/Legal Guardian

_____ _____

Signature of Parent/Legal Guardian Date