

2026-27 After School Program Registration

STUDENT INFORMATION	School: _____		Reason for enrolling / Days child will attend Program: ☐ Teacher Referral ☐ Academic Help ☐ Work Schedule ☐ Other: _____ ☐ Mon ☐ Tues ☐ Wed ☐ Thur ☐ Fri	
	Last Name _____ First Name _____			
Grade _____ Birthdate _____ Teacher's Name _____				
PRIMARY (Parent/Guardian): Name: _____ Relationship: _____ Address: _____ Primary Phone: _____ Place of Employment: _____ Work Phone: _____ E-Mail: _____ ☐ Child Lives at this address SECONDARY (Parent/Guardian): Name: _____ Relationship: _____ Address: _____ Primary Phone: _____ Place of Employment: _____ Work Phone: _____ E-Mail: _____ ☐ Child lives at this address				
PARENT/ GUARDIAN INFORMATION				
EMERGENCY CONTACTS	List other people authorized to pick up your child from program (Must be 14 or older and have identification): Name: _____ Name: _____ Name: _____ Phone: _____ Phone: _____ Phone: _____ Relationship: _____ Relationship: _____ Relationship: _____ ☐ I authorize all individuals listed on the school emergency card for pick up			
MEDICAL INFORMATION	Check (x) any special medical condition that your child might have. ☐ Food allergies ☐ Non-food allergies Specify: _____ ☐ Epi-pen for allergies ☐ Inhaler for allergies ☐ Inhaler for Asthma ☐ Epilepsy/Seizure disorder ☐ Diabetes Other special/medical needs OR signs/symptoms to watch for medical conditions. Specify: _____ _____ Doctor Name: _____ Phone Number: _____ ☐ Yes ☐ No Will your child require medication at program? If medications are necessary, a copy of the "Authorization to Administer Medication" form should be attached to this form.			
OTHER	Primary language of student? _____ Ethnicity: _____ Primary language of the parent/guardian? _____ Special concerns about your child or family - Specify? _____			
AUTHORIZATION	☐ Yes ☐ No I hereby give my consent for my child to receive emergency medical care or treatment if I cannot be reached immediately. ☐ Yes ☐ No I will review the policies of this program and the guidelines by which the program is run and understand that it is my responsibility to assure that my child is present until the conclusion of any program day attended. ☐ Yes ☐ No I give my child permission to participate in fieldtrips and other off-site activities during program hours and that I will be notified in advance of these opportunities. ☐ Yes ☐ No I give my permission for my child to be photographed or videotaped for newsletters, website, and brochures. ☐ Yes ☐ No I give my child permission to participate in anonymous and/or confidential surveys and data for grants.			

The number of eligible children seeking to enroll in the After School program often exceeds the number that may be safely & effectively served with available funding; therefore waiting lists may sometimes be established. Preference will be given to students who meet the grant criteria and attend program 5 days a week for the entire daily length of the program. Lack of transportation will not be a barrier to participation. Transportation options include but are not limited to free city bus transportation for students and bus pass for guardian.

Signature of Parent/Guardian _____

Relationship: ☐ Mother ☐ Father ☐ Other _____ Date: _____

Office Use Only:
Start Date: _____