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) 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