

EXTENDED LEARNING PROGRAMS

REGISTRATION APPLICATION

SCHOOL NAME _____ TEACHER _____

Student name _____ Birthdate _____ Grade _____

CIRCLE days of attendance: Mornings: M T W TH F Afternoons: M T W TH F

Parent Information

Parent/guardian name _____

Address _____

Home phone _____ Work phone _____ Cell/Pager _____

Employer: (Father) _____ Phone _____

(Mother) _____ Phone _____

Emergency Contact (other than parents)

Name _____ Phone # _____ Cell _____

Child's physician (in case of emergency and parents cannot be reached) _____

Phone # _____ Address: _____

Medical conditions and/or Food allergies _____

(Above on file with *school nurse* and/or *cafeteria*?) YES NO

*Parent Signature indicates permission for the site-coordinator to secure medical treatment in the event parent or other contacts cannot be reached.

Area(s) student needs assistance (Parent input) Please check all that apply.

Mathematics _____ Reading _____ Language Arts _____ Science _____ Social Studies _____ Other (Please specify) _____

IN THE EVENT THE AFTERSCHOOL PROGRAM IS CANCELLED ON ANY AFTERNOON DUE TO WEATHER CONDITIONS, IDENTIFY THE QUICKEST WAY TO GET IN TOUCH WITH SOMEONE WHO CAN TELL YOUR CHILD HOW TO GET HOME.

My child can be *photographed* and/or *videotaped* for publicity purposes. YES NO

Parent/Guardian Application Signature _____

*******Turn the page over to complete the required Transportation Form*******

EXTENDED LEARNING PROGRAMS

TRANSPORTATION CONTACT INFORMATION

Child's Name _____

Transportation: Check your choice below and complete the requested information.

_____ (1) **Parent Pick-up** (A parent or guardian must sign his/her child out of the afterschool program each day unless permission has been granted for the child to walk home.)

Names of people with permission to pick up your child:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

_____ (2) **Bus rider** Parent Name/Guardian _____

Address where child lives _____

Phone Number _____

*My child, _____ is **10 years old or older** and has my permission to walk home from the bus stop. I understand that I am responsible for the safety of my child from the time the child departs the bus.

*My child, _____ is **under 10 years old** and has my permission to walk home with a sibling 10 years or older from the bus stop. I understand that I am responsible for the safety of my child from the time the child departs the bus.

_____ (3) **Walker** Middle and high school students (10 years old +) may be permitted to walk home at the completion of the program each day if parents file a letter with the site- coordinator stating that their child is to walk home at 5:15pm and the parent/guardian will accept responsibility for the safety of their child once they depart from the program. Elementary students are not permitted to walk home unless parent requests via letter to the site-coordinator that an older sibling is permitted to sign out a student.

Parent Signature _____ Date _____