



Application # _____ Program _____

After School Program Registration Form

STUDENT INFORMATION

Student First & Last Name _____

Physical Address _____

Gender Male Female Birth Date _____ Age _____

Ethnicity (Optional) _____ Grade Level _____ School Name _____

PARENT INFORMATION

Parent/Legal Guardian _____

Phone (Day) _____ (Cell) _____ (Eve) _____

Parent/Legal Guardian _____

Phone (Day) _____ (Cell) _____ (Eve) _____

Email Address _____

SIGN OUT INFORMATION

Safety is a top priority to Jackson Public Schools; therefore, no child enrolled will be released from the program without a parent/guardian signature or that of one of the two individuals listed below if parent cannot be reached. (Note: The names that appear below must be someone 16 years or older.)

Name: _____ Phone _____ Relationship _____

Name: _____ Phone _____ Relationship _____

PHYSICIAN TO BE CALLED IN AN EMERGENCY

Name: _____ Address: _____

Phone: _____

Medical Insurance Carrier: _____ ID# _____

Medi-Cal# _____ Hospital used in Emergency _____

Are there any medical, family circumstances or cultural requirements of which the leader should be aware of (**Any known Allergies**)?

Current Medications: _____



Participant's Name _____

After School Program Parent Agreements

Please read the following information carefully. You must sign at the bottom indicating that you understand and agree to all of the following.

Basic Information Rules and State Requirements

1. **Enrollment: Enrollment is limited.** Our hope is to have enough room for all children wishing to participate in our *After School Program*; however, we cannot always accommodate everyone. After receiving your completed forms, the ASP Staff will call to let you know if your child will be participating in the program and the date that they may begin.

Please Initial

2. **Attendance:** Students must attend program **Tuesday-Thursday**. Regular attendance is mandatory. Children are expected to stay for the entire duration of the *After School Program* each day. If a student is absent, written or verbal notification must be submitted or communicated to the ASP Staff the next program day.

Please Initial

3. **Student Pick-Up:** Children participating in the *After-School Program* must be signed out by you or someone designated on the registration form (designated person must be 16 years of age and on registration forms). If your child is not riding the bus, your child must be picked up promptly at the end of the program

Please Initial

4. **Discipline:** Participation in the *After-School Program* is a privilege. A child must follow the rules of the program. *Jackson Public Schools* will follow all core day school rules. Disruptive or disrespectful behavior towards other students or staff is cause for dismissal. We encourage you to discuss concerns about your child's behavior with the ASP Staff.

Please Initial

5. **Parental Support:** While *After School Program* Staff are committed and qualified, your help is needed to make the program the very best it can be. You are an important partner in our program's success,

and we look forward to your help with events and activities and other projects.

Please Initial

Transportation

My child has permission to walk home from the *After-School Program*; furthermore, I give permission for my child to sign themselves out of the *After-School Program*. (Please check and initial if appropriate)

Please Initial

Walk/Ride Bus Rider

I have read and understand all the information above on this *After School Program* Parent agreement and I give permission for my child to attend the after-school program. All the information in my child's after school registration form and the after-school emergency card is complete. I agree to follow the rules of the program and to help my child understand and follow the rules.

Please Print Name of Parent/Guardian

Parent/Guardian Signature