

ERVING ELEMENTARY AFTER SCHOOL PROGRAM REGISTRATION FORM 2015-2016
(Forms Due Friday, September 4, 2015)

Fees

Monday, Tuesday, Thursday, Friday – \$8.00/day
Wednesday - \$13.50/day
Two-Day Special Rate (includes Wed.) - \$18.00
Three-Day Special Rate (includes Wed.) - \$24.00
Four-Day Special Rate (includes Wed.) - \$36.00
Five-Day Special Rate - \$42.00
*Reduced rate only for free and reduced lunch children.

Select your Schedule

Circle days you want your child to regularly attend:
Mon Tue Wed Thur Fri

Circle day(s) you want your child to be a “Drop in”:
Mon Tue Wed Thur Fri

Child's Name _____

Parent/Guardian Name _____

DOB _____ **AGE** _____ **GRADE** _____

Home Phone Number _____ **Cell Phone** _____

Parent/Guardian Work Number _____ **Emergency Number** _____

Physician _____ **Phone** _____

Physician's Address _____

Does your child take medication? _____ **Type of medication** _____

Does your child have allergies? _____ **Type of allergies** _____

Does your child have dietary needs? _____ **Specify the needs** _____

Any additional needs that the staff should be aware of? _____ **Please Explain** _____

EMERGENCY PICK-UP INFORMATION (IF YOU CANNOT BE REACHED)

1. Name _____

Phone _____

Relationship _____

2. Name _____

Phone _____

Relationship _____

Please list people your child may be released to:

Please list people your child MAY NOT be released to:

EMERGENCY PERMISSION

I give permission for my child, _____, to participate in all activities that are part of the Erving After School Program. I give permission for the After School staff to attend to any emergency that may occur during the session and seek medical attention, if necessary. I understand that if I cannot be reached, the staff will contact one of the emergency names I have listed.

Parent/Guardian Signature _____ **Date** _____