

**CARROLL COUNTY SCHOOL DISTRICT - VILLA RICA ELEMENTARY SCHOOL AFTER SCHOOL PROGRAM  
REGISTRATION FORM**

I am enrolling my student/students in the tuition paid After School Program. I understand that it is my responsibility to inform the school of any changes necessary to information on this form.

**Circle one:**      Weekly Enrollment                      Drop-In Enrollment

**Student's Name**                      **M/F**    **DOB**    **Grade**                      **HR Teacher**                      **Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

**Student's Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

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**Only the following person are allowed to pick up the student(s)**

\*\*\*ID must be provided at time of pick up\*\*\*

**Parent/Guardian:** \_\_\_\_\_ **Work#** \_\_\_\_\_ **Cell#** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_ **Work#** \_\_\_\_\_ **Cell#** \_\_\_\_\_

IN CASE OF EMERGENCY, IF THE PARENTS/GAURDIANS LISTED ABOVE CANNOT BE REACHED, THE SCHOOL WILL CALL THE PERSONS LISTED BELOW (INCLUDING DAYCARE FACILITIES).

***ALL EMERGENCY NUMBERS MUST BE LOCAL, ACCESSIBLE, AND INCLUDE AREA CODE.***

1. \_\_\_\_\_ **Work#** \_\_\_\_\_ **Home#** \_\_\_\_\_ **Cell#** \_\_\_\_\_

2. \_\_\_\_\_ **Work#** \_\_\_\_\_ **Home#** \_\_\_\_\_ **Cell#** \_\_\_\_\_

3. \_\_\_\_\_ **Work#** \_\_\_\_\_ **Home#** \_\_\_\_\_ **Cell#** \_\_\_\_\_

\*\*In custody cases, the following people **MAY NOT** pick up my child from the After School Program: (A copy of custodial records must accompany this form.) \_\_\_\_\_

List of known medical allergies: \_\_\_\_\_

In case of a medical emergency, please transport my child to the nearest medical facility: Yes or No

Or to the following medical facility: \_\_\_\_\_

**Registration for the After School Program is complete only when all of the following is complete:**

- 1. The ASP Rules Form is completed, signed, and returned.**
- 2. The ASP Registration Form is completed, signed and returned.**

I understand that it is my responsibility to keep the above information current and accurate.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CARROLL COUNTY SCHOOL DISTRICT – VILLA RICA ELEMENTARY SCHOOL AFTER SCHOOL PROGRAM  
REGISTRATION FORM**

**Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

Dear Parent/ Guardian: Welcome to our After School Program! The After School Program (ASP) provides safe, fun, and nurturing environment for the care of elementary students until 5:45pm on each school day. ASP is a self supporting program. Participation should be considered a privilege. By completion of this form, I understand that I am registering my student in ASP.

Every Student attending the After School Program (ASP) must have a current ASP Registration Form on file at our school. I understand that it is my responsibility to inform the school of any changes of the information, particularly phone numbers and emergency contacts, on the ASP Registration Form

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**TUITION, ATTENDANCE, OPERATION HOURS AND PAYMENT**

I am enrolling my student in the After School Program. If my student's account becomes past due, they may not attend the program, and I must make other arrangements for after school care.

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**THE FOLLOWING ARE THE NEW ASP PAYMENT REQUIREMENTS AT THE DAILY RATE OF \$6 PER STUDENT:**

- *Payment is due in advance at weekly rate or drop-in rate depending on enrollment selected*
- *Per student **WEEKLY** rate \$30 (5 days X \$6) & per student **DROP-IN** rate \$18, three-day minimum required (3 days X \$6)*
- *3rd student and above – discounted \$3.00 per student rate applies*

The full fee will be charged regardless of how long the student stays each day. The hours of the program are from the time school ends until 5:45pm on the days school is in session. A late fee of \$1.00 **PER MINUTE** per student will be charged for each minute starting at 6:00pm according to the school clock. If a parent is more than 60 minutes late, Emergency Procedures will be followed which may include calling the police department or DFACS.

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**BEHAVIOR EXPECTATIONS & DISMISSAL PROCEDURES**

The same behavior expectations apply in ASP as during the regular school day. All Carroll County School District policies in the student handbook apply to ASP. Inappropriate behavior may result in your student's suspension or withdrawal from the program. If an emergency occurs that threatens the welfare of a student, a school official will contact the Carroll County Sheriff's Department to ensure the safety and security of all students in ASP. Late pick-up from ASP may be considered such an emergency. If school closes for inclement weather or any other reason, ASP will also close. For the protection of your student, only the people designated on the registration form will be allowed to pick up your student.

**ATTENTION**

Students may be suspended or withdrawn from the ASP for the following reasons:

1. **3 late Pick-ups**
2. **Nonpayment or Late Payment of Tuition & Fess**
3. **Discipline Problems**
4. **Principal's Discretion**

I have read, understand and will comply with the rules outlined.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_