

School: _____

Sign Out Alert _____

Grade: _____

Douglas County School System

2016-2017 After School Program (ASP) Registration Form

Please print

Student's Name: _____ Homeroom Teacher: _____
(Last) (First)

Address: _____
(Street) (City) (State) (Zip)

Home Phone: () _____ Gender: Male Female Date of Birth: _____
(Please circle)

Mother / Guardian: _____ Cell Phone: () _____

E-Mail Address: _____ Work Phone: () _____

Father / Guardian: _____ Cell Phone: () _____

E-Mail Address: _____ Work Phone: () _____

Primary contact in case of emergency: _____ Phone Number: () _____

Alternate emergency contact : _____ Phone Number: () _____

The following people may pick up my child from ASP (picture ID required)

Name: _____ Phone: () _____

Name: _____ Phone: () _____

Name: _____ Phone: () _____

Pickup Restrictions:

If you do not want a specific person to pick up your child, indicate their name (s) below: Legal documentation

1) _____ 2) _____ 3) _____

Note: It is the responsibility of the custodial parent to notify the After School Program if non-custodial parent student.

Medical Information or Special Instructions: _____

Planned Attendance Schedule: My child will attend beginning (date) _____ and will stay

Daily

Only days marked Monday Tuesday Wednesday Thursday Friday

Attend only as needed and will send in a transportation note (it is parent's responsibility to notify school)

Parent / Guardian Signature: _____ Date: _____