CLARKE COUNTY
AFTER-SCHOOL PROGRAM
Registration Form

Registration fee: $10.00 (non-refundable)

CHILD INFORMATION

Last Name: _____ **First Name:** _____ **Grade:** _____ **Teacher :** _____

Full Address: _____ **City:** _____ **Zip code:** _____

FAMILY INFORMATION

Primary Parent/Legal Guardian: _____ **Relationship to child:** _____ **email:** _____

Cell Phone: _____ **Work Phone:** _____ **Home Phone:** _____

Place of Employment: _____

Secondary Parent/Guardian: _____ **Relationship to child:** _____ **email:** _____

Cell Phone: _____ **Work Phone:** _____ **Home Phone:** _____

Place of Employment: _____

SIBLINGS:

List names of brothers and sisters currently attending this elementary school.

1)	**3)**	**5)**
2)	**4)**	**6)**

EMERGENCY CONTACTS:

FULL NAME:	PHONE NUMBER:	RELATIONSHIP TO CHILD:	FULL NAME:	PHONE NUMBER:	RELATIONSHIP TO CHILD:
1)			**3)**		
2)			**4)**		

RELEASE INFORMATION

The Clarke County After-school Program has my permission to release my child to the following: (Identification will be requested.)

FULL NAME:	PHONE NUMBER:	RELATIONSHIP TO CHILD:

SPECIAL INSTRUCTIONS:

(Allergies, Medical, Diet , etc.) *Continue on back if necessary*

CCSD Employees:

I understand that as a Clarke County School District employee I am to keep my ASP balance current and that any unpaid or overdue balance will be collected through payroll deductions. *(Note: Employee rate eligibility subject to verification)*

REQUIRED: **Employee ID Number:** _____ **Department/School:** _____ **Signature:** _____

_____ Initial here to indicate you understand that late fees will be charged at $1.00/minute, per child beginning at 6:00PM. Late fees **MUST** be paid when the child is picked up or by the next business day

_____ Initial here to indicate you understand that ASP fees are never to be more than **ONE WEEK** past due. Your child will be dismissed from the program for the remainder of the year for continual late payment.

_____ Initial here to indicate you have been provided with a copy of the current ASP guidelines and polices, have read, understood and agree to abide by **all** policies and guidelines. In the event of an emergency, I authorize the ASP staff to seek immediate medical attention for my child.

_____
Parent/Legal Guardian Signature **Date**

Updated: July,2013

Registration Fee paid on: _____ **Paid by: Cash or Check #** _____