

After School Program (ASP)

2010-2011 Registration Form

Parent or Guardian's name: _____

Days my child(ren) will attend: M T W Th F (*circle all that apply*)

Annual Registration Fee: please attach a check for \$20 per child, made out to CPSC.

Child 1: Name: _____ Grade: _____ Any allergy, health or behavior issues we should know about?	Child 2: Name: _____ Grade: _____ Any allergy, health or behavior issues we should know about?	Child 3: Name: _____ Grade: _____ Any allergy, health or behavior issues we should know about?
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Emergency Contact Information

If your child has an emergency during ASP, where can we reach you or another responsible adult?

(1) _____
Name Relationship to child (parent/guardian, aunt, neighbor, etc) phone number(s)

(2) _____
Name Relationship to child (parent/guardian, aunt, neighbor, etc) phone number(s)

(3) _____
Name Relationship to child (parent/guardian, aunt, neighbor, etc) phone number(s)

Permissions

Please initial each paragraph:

_____ I grant permission for my child(ren) to attend all walking field trips planned by ASP staff for the current school year. Trips are supervised by trained counselors and may include Durham Farmer's Market, local parks, and other destinations within walking distance.

_____ I grant permission to CPSC to photograph my child(ren) at ASP during the current school year. CPSC may use these photos on the CPSC website and in other promotional materials. Per CPSC policy, my child will not be identified by name in any publication.

_____ I understand that I am financially responsible for any CPSC property lost or damaged by my child. I will also discuss this with my child.

_____ All policies in CPSC's Parent Handbook also apply to CPSC's After School Program.

_____ I understand that ASP spaces are limited. Drop-in care may not be available, and last-minute attendance changes may not be possible, due to limited program space.

