

Site: \_\_\_\_\_

## XYZ After School Program REGISTRATION FORM

(PLEASE FILL OUT A SEPARATE FORM FOR EACH CHILD)

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Student's Address: \_\_\_\_\_  
# and Street City State Zip

Grade: \_\_\_\_\_ Track: \_\_\_\_\_ School: \_\_\_\_\_ School Dismissal (Please circle): Early Late

Classroom Teacher's Name: \_\_\_\_\_

ELL (Please Circle): Yes No If yes, what language? \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone- Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone- Day: \_\_\_\_\_ Evening: \_\_\_\_\_

### Sign-Out Information:

Safety is top priority in the program, therefore no child enrolled will be released from the XYZ After School program without a parent/guardian signature or that of one of the three individuals listed below. (Note: The names that appear below must be of someone 16 years or older.) A Sign-Out Release Form should be filled out if a child is allowed to walk home.

Name		Phone		Relationship	
Name		Phone		Relationship	
Name		Phone		Relationship	

I give consent to the XYZ After School Program to collect assessment data.

(Parent/Guardian Signature) \_\_\_\_\_

### SITE DIRECTOR USE ONLY

Student Returning? Yes No

Date Application Received: \_\_\_\_\_

First Day of Enrollment: \_\_\_\_\_

Emergency/Health Form Completed: Yes \_\_\_\_\_ No \_\_\_\_\_

Student I.D. # \_\_\_\_\_

Attended Parent Orientation: Yes \_\_\_\_\_ No \_\_\_\_\_

Program Leader: \_\_\_\_\_

Notes: \_\_\_\_\_