



# CGS After School Program Student Enrollment Form

## 2016-2017 School Year

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Parents or Guardian's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Mother's Work Phone #/Employer \_\_\_\_\_

Father's Work Phone #/Employer \_\_\_\_\_

Mother's Cell # \_\_\_\_\_ Father's Cell Phone #: \_\_\_\_\_

Email \_\_\_\_\_

**Person(s) authorized to pick up your child / Emergency Contacts: (Person must show picture I.D.) Em. # / Pickup**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Student lives with:** \_\_\_ Father \_\_\_ Mother \_\_\_ Step Parents \_\_\_ Foster \_\_\_ Legal Guardian \_\_\_ Other

**Primary Language:**  English  Spanish  Other

**Child will attend (mark all that apply):**  Monday  Tuesday  Wednesday  Thursday  
 Occasionally (fill out a monthly calendar form)

*Please notify the After School Office if there are changes during the school year.*

**Current School:**  Heartland Christian School  Home School  Sacred Heart  USD 315

**MEDICAL: Is your child under medical care or taking any medication(s)?**  Yes  No

If yes, please list all medical conditions that your child has and indicate if medication needs to be dispensed at school? \_\_\_\_\_

**FEES:** There will be a set fee for each month for each student regardless of the number of days the student attends the After School Program. The payment for September is due at enrollment.

**Program fees are based on lunch status.**

Students qualifying for:

- Free Lunch – No monthly charge
- Reduced lunch – \$5.00 per month
- Students not qualifying for free or reduced lunch services – \$25.00 per month

**Does the CGS ASP have permission to use photos of your child in educational or promotional materials or on the Internet?** Student's name will not be used. There is no cost.  Yes  No

**Does your child have permission to walk home?**  Yes  No

**Please read and sign below:**

I understand that the CGS After School Program is partially funded by a 21<sup>st</sup> Century Community Learning Center Grant. I give permission for CGS ASP staff to review my child's academic files for the purposes of analyzing program effectiveness and reporting to funding sources.

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