



# ABC's After School Program

Application

2022-2023 School Year

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Last Name

First Name

Parent/Guardian \_\_\_\_\_

Last Name

First Name

Parent Phone Number \_\_\_\_\_ Parent Email \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Last Name

First Name

Parent Phone Number \_\_\_\_\_ Parent Email \_\_\_\_\_

Does the Student have any allergies? (Please list them below)

\_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Phone Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Phone Number \_\_\_\_\_

I hereby authorize the following individuals to pick up my child from activities

Name	Relationship to Child	Phone Number

PARENT/GUARDIAN STATEMENT

- \* The program is available to students in grades PreK-5 who meet specified requirements.
- \* Program Dates are January 8, 2022-May 25, 2022
- \* Children may only be picked up by the individuals specified below and must be picked up no later than **6:00 PM**. The individual picking up the child must come into the building. The person must be on the approved individuals or the student will not be released.
- \* If you wish for your child to walk home, you must give written permission. Failure to comply will result in the child no longer being able to participate in the program.
- \* All ABC rules and regulations are in effect during the program and participants must abide by them.
- \* Attendance is important. Students may only attend the ABC after school programs if they have attended regular school that day. Student are expected to actively participate and stay for the entire program each day to receive the full benefit. Students who have three (3) unexcused absences per month may be removed from the program. Early dismissal is available on a case-by-case basis and must be pre-arranged.
- \* I have read the ABC's participation documents and understand the commitment the program and I are making to my child's future.

I hereby give my permission for the above youth to become a member of the ABC's after-school program. I have read and reviewed the general rules and understand this is an ABC sponsored center. If necessary and I cannot be contacted I hereby authorize the staff of the school to obtain emergency medical care for the above youth.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Walking Permission

If you wish for your child to walk home, you must give permission by signing below:

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Is student walking home with other students? Yes No (If Yes Please list students below)

Student Name

Grade
