

Student's Name: _____

After School Action Program

Bus Ride Home: à YES à NO

Building Assets Believing in Youth

Grade: _____ Age: _____ D.O.B.: _____

Student's Physical Address: _____
Street City State Zip

Student's Mailing Address: _____
Street City State Zip

With whom does the student reside? à Mom à Dad à Both à Other _____

Dad/Guardian Name: _____ Employer: _____

Work Phone #: _____ Home Phone #: _____ Cell/Pager #: _____

Mom/Guardian Name: _____ Employer: _____

Work Phone #: _____ Home Phone #: _____ Cell/Pager #: _____

Doctor: _____ Phone #: _____

Dentist: _____ Phone #: _____

Person to call in case of emergency if parent/guardian cannot be reached:

Name: _____ Home Phone #: _____ Work Phone #: _____

Please list any conditions, specific doctor's orders, allergies or other pertinent health information (ADD/ADHD, migraines, wears glasses/contacts, seizures, etc.) concerning your child. _____

Conduct: I understand that my child is expected to conduct himself/herself in such a way that credit will reflect upon his/her parents and the school that he/she represents. I realize that if my child does not conduct himself/herself properly ASAP reserves the right to remove my student at any time from the program, at which time I will be responsible to pick up my student from the program. No refund will be given!

Consent: I give my consent for any and all necessary treatment to my child during ASAP when my child is in the care of the physician, dentist, of doctor named above. Should an emergency occur and the persons named above cannot be reached I give permission for my child to be treated at the nearest clinic or hospital.

Immunizations / Insurance: Immunizations must be current and on file at his/her middle school. I understand that I may subscribe to the student insurance program that is available to all GISD students, or may choose my own.

Late Pick Up: I understand the program ends at 6:00 p.m., and I will be assessed a late pick up fee of **\$1 every minute after 6:05pm.**

Movies: I give permission for my child to see a movie that is rated either PG or PG – 13.

Media: I give permission for my child to be photographed, videotaped and or interviewed participating in ASAP activities, and I give permission for them to be published or aired in area newspapers, magazines, newsletters, TV newscasts, web-sites, etc.

Payment: As a courtesy ASAP will mail a payment reminder each month of what is owed. However, you are ultimately responsible for making your payments on time. Bills are due by the 1st of each month.

Registration: I understand that this form will be used by ASAP in the 2008-2009 school year and that it is my responsibility to keep the information current and accurate.

Safety: I understand that normal precautions will be taken for the safety of my child and his/her well being. I further understand that the activities facilitated by Georgetown Parks and Recreation (i.e. Adventure Challenge/Outdoor Recreation) and ASAP (i.e. Cooking, Baking, Martial Arts, Sports) involve some inherent dangers and I agree to waive all claims and to hold harmless ASAP personnel, GPARD personnel, GISD and the City of Georgetown for any accident or misfortune that might occur.

Special Needs: ASAP does not provide one-on-one care. Parents of a special needs child must contact and conference with the ASAP Coordinator prior to enrolling. The Coordinator may need to observe the child in his/her daily setting and speak with past and present instructors to determine if ASAP will be able to provide the care that the special needs child requires.

Surveys: I understand that as a participant in the After School Action Program my child named above may be asked to participate in surveys and evaluations in order to monitor the progress of the program.

Transportation: I give permission for my child named above to be transported by ASAP or GPARD personnel to activities away from the facility and to be transported to their bus stop following the daily conclusion of the program and will not hold either organization responsible for any accident or misfortune that may occur.

Parent/ Guardian Signature: _____ **Date:** _____

FREE à \$40 **REDUCED** à \$55 **REGULAR** à _____

ACTIVITY

à **MONDAYS** _____

à **TUESDAYS** _____

à **WEDNESDAYS** _____

à **THURSDAYS** _____

Registration Fee (\$25)= _____

ASAP Fee= _____

Amount Paid= _____