



# Salida Union School District

## After-School Programs Enrollment Form

543-3118

(Please return all signed pages to the Site Supervisor or Front Office)

Start Date: \_\_\_\_\_ School Site \_\_\_\_\_ Student ID: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Teacher: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Father Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Please check and **initial** each statement:

Yes  No \_\_\_\_\_ I have received a copy of the Student / Parent Information.

Yes  No \_\_\_\_\_ My child and I will abide by the guidelines set forth in the Student/ Parent Information.

Yes  No \_\_\_\_\_ My child may check him/ herself out of the After-School Program after his/ her homework is completed.

Yes  No \_\_\_\_\_ My child may eat any of the snacks provided at the After-School Program. **If NO is checked a Doctors note must be provided.** Explain a "No" check: \_\_\_\_\_

Yes  No \_\_\_\_\_ My child has special health needs. Explain a "Yes" check: \_\_\_\_\_

Yes  No \_\_\_\_\_ I understand **I may only pick up my child at designated times**; furthermore, I understand I must pick up my child before 6:00 PM. **A fee of \$1.00 per minute per child will be added to the monthly fee at all sites.**

Yes  No \_\_\_\_\_ I understand I must give verbal permission for my child to be picked up by anyone not on the list below.

Yes  No \_\_\_\_\_ Only the following individual(s) (other than parents) may pick up my child from the After-School Program. I understand anyone picking up my child may need to show picture ID. Check the names of those individuals center staff members should call in an emergency if the parent(s) can not be reached.

Call in Emergency  Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Call in Emergency  Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Call in Emergency  Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Call in Emergency  Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Yes  No \_\_\_\_\_ I have legal custody of my child. I understand the After-School Program staff members may release my child to either parent unless a court order is on file at the center.

Yes  No \_\_\_\_\_ There are custody issues related to my child. Explain a "Yes" check: \_\_\_\_\_

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

**There is a \$20.00 fee per student per month. If your child qualifies for free or reduced lunch, the fee is reduced to \$10.00 per student per month.**