

Date Entered: _____
Start Date: _____
Registration Fee Paid: _____

School: _____
Homeroom Teacher: _____
Cash: ___ Check #: _____ Recp #: _____

Pickup Restrictions

Medical Restrictions

APPLICATION FORM
HOUSTON AFTER-SCHOOL PROGRAM
(Return to School Office)

Child's Name _____ Grade _____ Male _____ Female _____

Address _____ City, State, Zip _____

Home Phone _____ Cell Phone _____

Guardian/(Step)Mother's Name _____ Home Phone _____

Mother's Employer _____ Work Phone _____

Guardian/(Step)Father's Name _____ Home Phone _____

Father's Employer _____ Work Phone _____

In Case of Emergency Contact:

Name _____ Home Phone _____ Work Phone _____

Hospital or Physician

The following people **MAY** pick up my child from the Houston After-School Program (other than parent/guardian, including day care center representatives). List day care center's name. An I.D. must be provided!

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Additional names may be listed on the back

In custody cases, the following people **MAY NOT** pick up my child from Houston County ASP. (A copy of custodial records must be submitted with this form)

My child will be enrolled for: ___ Full Week ___ Drop-In ___ Individual Days: ___ M ___ T ___ W ___ Th ___ F

If school dismisses early for any reason, please have my child:

___ Go home on bus # ___ ___ Ride/walk home with ___ ___ I will pick up

IF YOUR CHILD NEEDS SPECIAL INSTRUCTIONS (ALLERGIES, DIET, MEDICAL, ETC.) PROPER PERMISSION FORM HRS-29 MUST BE ON FILE. PLEASE LIST ANY ADDITIONAL MEDICAL INFORMATION THE ASP SHOULD KNOW ABOUT YOUR CHILD. See the Parent Information Form for additional guidelines. (Use back if more space is needed.)

I have been provided with my own copy of the After-School Information for Parents and have read, understand and agree to abide by all policies and procedures therein. I also will assume liability for accidents and injuries incurred during the After School Program. In the event of emergency, I authorize the person(s) in charge to seek immediate medical attention for my child.

Parent/Guardian Signature _____

Date _____

NOTE: Check must be enclosed to process this application form