

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