

CLARKE COUNTY
AFTER-SCHOOL PROGRAM
Registration Form

Registration fee: \$10.00 /child or \$20.00/family (non-refundable)
Fee is due at time of registration

CHILD INFORMATION

Last Name: _____ First Name: _____ Grade: _____ Teacher: _____
Full Address: _____ City: _____ Zip code: _____

FAMILY INFORMATION

Father/Mother/Guardian: _____ Relationship to child: _____ email: _____
Cell Phone: _____ Work Phone: _____ Home Phone: _____
Place of Employment: _____
Father/Mother/Guardian: _____ Relationship to child: _____ email: _____
Cell Phone: _____ Work Phone: _____ Home Phone: _____
Place of Employment: _____

SIBLINGS:

List names of brothers and sisters currently attending this elementary school.

1) _____	3) _____	5) _____
2) _____	4) _____	6) _____

EMERGENCY CONTACTS:

FULL NAME:	PHONE NUMBER:	RELATIONSHIP TO CHILD:	FULL NAME:	PHONE NUMBER:	RELATIONSHIP TO CHILD:
1) _____	_____	_____	3) _____	_____	_____
2) _____	_____	_____	4) _____	_____	_____

RELEASE INFORMATION

The Clarke County After-school Program has my permission to release my child to the following:
(Identification will be requested.)

FULL NAME:	PHONE NUMBER:	RELATIONSHIP TO CHILD:
_____	_____	_____
_____	_____	_____
_____	_____	_____

SPECIAL INSTRUCTIONS:

(Allergies, Medical, Diet, etc.) Continue on back if necessary

CCSD Employees:

I understand that as a Clarke County School District employee I am to keep my ASP balance current and that any unpaid or overdue balance will be collected through payroll deductions. (Note: Employee rate eligibility subject to verification)

REQUIRED: Employee ID Number: _____ Department/School: _____ Signature: _____

_____ Initial here to indicate you understand that late fees will be charged at \$1.00/minute, per child beginning at 6:00PM. Late fees MUST be paid when the child is picked up or by the next business day

_____ Initial here to indicate you understand that ASP fees are never to be more than ONE WEEK past due. Your child will be dismissed from the program for the remainder of the year for continual late payment.

_____ Initial here to indicate you have been provided with a copy of the current ASP guidelines and polices, have read, understood and agree to abide by all policies and guidelines. In the event of an emergency, I authorize the ASP staff to seek immediate medical attention for my

_____ I acknowledge I have been informed that the Clarke County School District After-School Program is not a licensed child care facility. I also understand the program is not required to be licensed by the Georgia Department of Early Care and Learning and this program is exempt from state licensure requirements.

Indated: July 2017