

**Sanford Creek Elementary School
Before/After School Program
Student Registration 2019-2020**

This application is for: Before School Care After School Care Student Start Date _____

There is a \$15.00 registration fee **per applicant for each Program**. Please make check payable to Sanford Creek Elementary (SCES). Please put your child's name on the check.

Student ID (required) _____
 Student First Name _____
 Student Last Name _____ Date of Birth _____
 Name Student is to be called _____
 Grade Level _____ Track _____ (2019-2020) Teacher Name (if known) _____

Home Address:
 Street _____
 City _____ Zip Code _____

Primary Parent/Guardian First Name _____
 Last Name _____

Address is the same as child: yes no
 If different:
 Street _____
 City _____
 Zip _____

Please include all applicable phone numbers, and **check one for primary contact:**
 Home Phone (_____) _____ - _____
 Day Phone (_____) _____ - _____
 Cell Phone (_____) _____ - _____

Primary email to send receipts _____@_____
 Place of employment _____

Secondary Parent/Guardian First Name _____
 Last Name _____

Address is the same as child: yes no
 If different:
 Street _____
 City _____
 Zip _____

Please include all applicable phone numbers, and **check one for secondary contact:**
 Home Phone (_____) _____ - _____
 Day Phone (_____) _____ - _____
 Cell Phone (_____) _____ - _____

Secondary email _____@_____

In case of emergency, notify the following person(s) if parents/guardians cannot be reached:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Names of Individuals to Whom the Program Staff May Release the Child as Authorized by the Person Who Signs the Application:

Does your student have allergies or chronic illnesses? If yes what are they?

Does your student take medications and/or have a medical plan on file with the school? If yes, please explain.

Please give any other information that you would like the After School Program staff to know about your student (special interests, fears, behaviors, custody arrangements, etc.).

My signature indicates that I have received, read and understand the information outlined in:

- the *Before and After School Fee Schedule and Payment Schedule*
- the *Before and/or After School Parent Information*, and
- the *Discipline and Behavior Management Policy*

_____ Date: _____

Parent/Legal Guardian Signature

Distribution: Original signed registration kept in program files; Copy of signed registration given to parent