

Beaverdam Elem After School Program Student Registration

School Year: 2021-2022
Student Start Date: _____

Monday-Friday Program
\$15.00 registration fee per applicant
\$108.17 Monthly Payment

There is a \$15.00 registration fee per applicant. Please make
Check/Money Order payable to Beaverdam Elem Put your child's name on the check.

Student ID (required) _____
Student First Name _____
Student Last Name _____
Name Student is to be called _____
Homeroom Teacher _____ Grade Level _____ Track _____
Date of Birth _____
Home Address:
Street _____
City _____
Zip _____

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 Before 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 *After School Fee Schedule and Payment Schedule*
- the *After School Parent Information*, and
- the *Behavior Management Procedures*

Date: _____
Parent/Legal Guardian Signature

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