

Central ISD Afterschool Program Registration

1. Last Name: _____ First Name: _____ Grade: _____

Date of Birth: _____ Age: _____

2. Last Name: _____ First Name: _____ Grade: _____

Date of Birth: _____ Age: _____

3. Last Name: _____ First Name: _____ Grade: _____

Date of Birth: _____ Age: _____

Home Address _____

City _____ State _____ Zip Code _____ Home Phone _____

Mother's Name _____ Work Phone _____

Mother's Place of Employment _____

Father's Name _____ Work Phone _____

Father's Place of Employment _____

Person other than parents authorized to take students from the facility or to be called in emergency:

Name _____ Phone _____

Name _____ Phone _____

Student Name: _____

Any medications to be taken? _____ Please explain and give instructions: _____

Any Allergies _____

Parent Agreement

I understand that fees will be due on or before the 10th of each month. Any unpaid fees will be turned over for collections and Afterschool Services could be terminated. Return check fees will be applied if necessary. (No Cash) **There will be a late fee charged for late pick-ups.**

In the event that I cannot be reached in an emergency, I authorize the hospital and/or Physician to take any emergency action and/or medical treatment as deemed necessary.

Parent/Guardian Signature

Date