

Ithica Elementary School  
After School Program  
Student Registration Form 2008-2009

Student Name \_\_\_\_\_  
Last First MI

Grade \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

Father's Name \_\_\_\_\_  
Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_  
Home Number \_\_\_\_\_  
Address \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Work Number \_\_\_\_\_ Cell Number \_\_\_\_\_  
Home Number \_\_\_\_\_  
Address \_\_\_\_\_

*The following people, other those listed above, may pick up my child from the After School Program:*

Name \_\_\_\_\_ Phone Number(s) \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone Number(s) \_\_\_\_\_  
Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone Number(s) \_\_\_\_\_  
Relationship \_\_\_\_\_

If school is dismissed early due to weather or other reasons, my child is to get home by:

\_\_\_\_\_ Ride bus # \_\_\_\_\_  
\_\_\_\_\_ Ride home with \_\_\_\_\_ or \_\_\_\_\_  
\_\_\_\_\_ I will arrange for a pick-up

Special Instructions (*Allergies, Medical, Etc.*)  
\_\_\_\_\_

I verify that my child is covered by school insurance or insurance provided by me as his/her parent or guardian. In the event of an emergency, I authorize the **Ithica Elementary School After School Program** to seek medical attention for my child. I assume all liability for accidents and injuries incurred during the IES After School Program.

ASP use only  Tuition Agreement/Receipt of Hand  book Photo Disclos  (Yes) Photo Disclosure (No)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date