

**AFTER SCHOOL PROGRAM
REGISTRATION FORM
2017 – 2018**

PLEASE NOTE: *Your child will be eligible to attend the After School Program beginning the Monday after the date this Registration Form has been returned to school.*

START DATE: ____/____/____

DATE: _____

STUDENT NAME: _____

GRADE: _____ TEACHER: _____

PARENT/GUARDIAN: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

EMER. CONTACT NAME & PHONE: _____

CHECK ONE OF THE OPTIONS BELOW:

- OPTION 1 - Set Schedule to Report to ASP, MY CHILD WILL ATTEND ON THE FOLLOWING DAYS:**
(Please expect my child to attend on the below marked days each week. I understand that the school will make every effort to locate my child if he/she is does not report as expected. If my child will not be in attendance on a scheduled day I will contact his or her teacher by noon.)

_____ MONDAY _____ TUESDAY _____ WEDNESDAY _____ THURSDAY

- OPTION 2 - MY CHILD WILL ONLY ATTEND OCCASIONALLY.**
(Please do not expect my child to attend on specific days each week. Therefore, I understand that The Sanibel School staff will not search for them when they do not report to the program.)

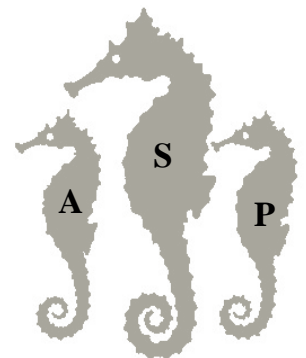
WHEN THE PROGRAM CONCLUDES AT 3:10 P.M.,
(please check one of the following):

_____ **MY CHILD SHOULD BE ESCORTED TO THE SANIBEL REC CENTER.**

_____ **MY CHILD WILL BE PICKED UP FROM THE SCHOOL OFFICE PROMPTLY AT 3:15 P.M.**

ATTACHED IS THE \$6.00 REGISTRATION FEE
AND \$ _____ TO COVER THE FIRST (circle one):

WEEK MONTH QUARTER



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