

**CLEVELAND CITY SCHOOLS
AFTER-SCHOOL PROGRAMS
REGISTRATION FORM**

CHILD'S FULL NAME _____ **SSN#** _____

BIRTHDATE _____ **GRADE** _____ **TEACHER'S NAME** _____

Please circle the site your child will be attending:

Arnold Blythe-Bower CMS Mayfield Ross Stuart Yates

PARENT INFORMATION

MOTHER _____ **FATHER** _____

ADDRESS _____ **ADDRESS** _____

HOME PHONE _____ **HOME PHONE** _____

WORK PHONE _____ **WORK PHONE** _____

HOURS _____ **TO** _____ **HOURS** _____ **TO** _____

Place of Employment _____ **Place of Employment** _____

TRANSPORTATION INFORMATION

To ensure the safety of your child(ren), please list any other individuals who are hereby authorized to pick up your child at this site. These individuals must be at least 16 years of age and have a valid Driver's license. Your child is hereby authorized to be released to the following individuals with your permission.

Please list any individuals who are not authorized to pick up your child. If these individuals should try to have your child released into their care without permission, the staff will contact the appropriate authorities and then call you immediately.

HEALTH INFORMATION

Are all immunizations current? _____ (Yes/No) School should have records.

Please list any allergies or reactions your child may have to any substance, food, or medications _____

Please list all medications your child should be taking and request a **MEDICINE FORM** to have on file for each

COMPLETE THE OTHER SIDE

EMERGENCY INFORMATION

In the event a child becomes ill or injured, every effort will be made to contact the parents. In the event we cannot reach you, please provide the following information:

ADDITIONAL EMERGENCY CONTACTS

Name _____ Relationship to child _____

Home Phone _____ Work Phone _____

Name _____ Relationship to child _____

Home Phone _____ Work Phone _____

PHYSICIAN _____ **PHONE** _____

I hereby authorize emergency medical treatment for my child in the event I cannot be reached promptly.

Other children and adults in the home _____

List your child's hobbies and interests _____

Has your child ever experienced any life events that we should be aware of? (E.g. birth of another child, divorce, death in the family, serious illness in the family, moving, etc.)

AUTHORIZATION

My child will be attending the After-School Program (ESP or CLC) on the days listed below, I also sign that I have received a copy of the State Standards for After-School Programs and a PARENT HANDBOOK containing fee information and program activities.

Please circle the days your child will be attending:

Monday Tuesday Wednesday Thursday Friday

Daily Fee due on Fridays _____

Signature of Parent or Guardian

Date Enrolled _____ Date Withdrawn _____ Reason for Withdrawal _____