

Participant's Name \_\_\_\_\_



# All Scholars After School Program Registration Form



## STUDENT INFORMATION

Student First & Last Name \_\_\_\_\_

Physical Address : \_\_\_\_\_

Gender  Male  Female Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Ethnicity (Optional) \_\_\_\_\_ Grade Level \_\_\_\_\_ School Name: \_\_\_\_\_

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## PARENT INFORMATION

Parent/Legal Guardian: \_\_\_\_\_

Phone (Day) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Eve) \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Phone (Day) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Eve) \_\_\_\_\_

Email Address \_\_\_\_\_

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## SIGN OUT INFORMATION

Safety is a top priority to Aromas-San Juan USD; therefore, no child enrolled will be released from the program without a parent/guardian signature or that of one of the two individuals listed below if parent cannot be reached. (Note: The names that appear below must be someone 16 years or older.)

Name: \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

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## PHYSICIAN TO BE CALLED IN AN EMERGENCY

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ ID# \_\_\_\_\_

Medi-Cal# \_\_\_\_\_ Hospital used in Emergency: \_\_\_\_\_

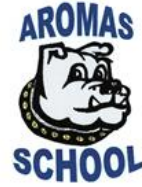
Are there any medical, family circumstances or cultural requirements of which the leader should be aware of (**Any known Allergies**)?

Current Medications: \_\_\_\_\_

Participant's Name \_\_\_\_\_



# All Scholars After School Program



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## Parent Agreement

Please read the following information carefully

You must sign at the bottom indicating that you understand and agree to all of the following:

	Please initial
<b>Enrollment: Enrollment is limited.</b> Our hope is to have enough room for all children wishing to participate in the All Scholars After School Program; however, we cannot always accommodate everyone. After receiving your completed forms, the Aromas School staff will call to let you know if your child will be participating in the program.	
<b>Attendance:</b> Students signed up for the Program will attend based on the application filed with the school.	
<b>Student Pick-Up:</b> Children participating in the Program must be signed out by you or someone designated on the registration form (designated person must be 16 years of age and on registration forms). Your child must be picked up promptly at the end of the program each day.	
<b>Discipline:</b> Participation in the Program is a privilege. A child must follow the rules of the program. Aromas School rules must be followed. Disruptive or disrespectful behavior towards other students or staff is cause for dismissal. We encourage you to discuss concerns about your child's behavior with the All Scholars Afternoon School Staff.	
<b>Cost of Program:</b> A flat monthly cost of \$250 per student is due by the first day of each month, beginning with September 2021. Checks should be made payable to Aromas-San Juan Unified School District and mailed to 2300 San Juan Hwy, San Juan Bautista, Ca 95045. Payments received after the 5 <sup>th</sup> of th month will be subject to a late fee of \$15.	
<b>Parental Support:</b> While Program staff are committed and qualified, your help is needed to make the program the very best it can be. You are an important partner in our program's success, and we look forward to your help with events, activities, and other projects.	

I have read and understand all the information above on the All Scholars Afterschool Program Parent agreement, and I give permission for my child to attend the afterschool program. All the information in my child's afterschool registration form and the afterschool emergency card is complete. I agree to follow the program's rules and help my child understand and follow the rules.

\_\_\_\_\_  
Please Print Name of Parent/Guardian

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

\_\_\_\_\_  
Date