

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 _____

PARENT INFORMATION

Parent/Legal Guardian _____

Phone (Day) _____ (Cell) _____ (Eve) _____

Parent/Legal Guardian: _____

Phone (Day) _____ (Cell) _____ (Eve) _____

Email Address _____

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 _____

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



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
Enrollment: Enrollment is limited. 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.	
Attendance: Students signed up for the Program will attend based on the application filed with the school.	
Student Pick-Up: 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(ren) must be picked up promptly, by 6:00 pm, at the end of the program each day. Late pick up, after 6:15 pm, will incur a fee of \$15 per 15 minutes late. Student(s) picked up late four times in a month will be disenrolled from the program.	
Discipline: 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.	
Cost of Program: 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 may be dropped off at the school office or mailed to 2300 San Juan Hwy, San Juan Bautista, Ca 95045. We will notify families when electronic payment options become available. Payments received after the 5 th of the month will be subject to a late fee of \$15.	
Parental Support: 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