

After School Program Registration/Data Form

(for students enrolled in grades UPK - 2 at Lisbon Central School)

(For parents enrolling more than one child, a registration and release form must be filled out for each child enrolled in the program)

Name: _____ Student ID _____

Homeroom Teacher _____ Grade _____

Address: _____ DOB: _____

Mother's Name: _____ Phone _____

Cell phone _____ email _____

Place of Employment _____ Phone _____

Father's Name: _____ Phone _____

Cell phone _____ email _____

Place of Employment _____ Phone _____

Step-parent Name: _____ Phone _____

Cell phone _____ email _____

Place of Employment _____ Phone _____

Please list all siblings (first and last names) Age HR teacher Grade Attending ASP (Y/N)

1. _____ _____ _____ _____ _____

2. _____ _____ _____ _____ _____

3. _____ _____ _____ _____ _____

4. _____ _____ _____ _____ _____

Special custody arrangements (court documents required): _____

Do not release my child to _____

Transportation: (will be provided Monday – Thursday)

My child will _____ride the bus _____be picked up

I expect my child to participate on the following days: (check all that apply)

_____Monday _____Tuesday _____Wednesday _____Thursday

Name and address for bus drop-off _____

In case of emergency closing/early release, where should your child go? _____

Medical and Emergency Information

Health Care Provider _____ Phone _____

Does your child have any special health problems (including medical conditions medications, allergies or treatments) please explain them: _____

Names and numbers of four people who can pick up your child in case of sickness or emergency

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

**Confidential medical information can be released to these people.

In the event of an extreme emergency, and none of the previously mentioned people can be contacted, we will call for emergency treatment at the nearest medical facility if you give permission by signing below.

Parent/Guardian Signature

Date

After School Program
Lisbon Central School
Offered to students in grades UPK – 2

Registration: Please fill out the attached forms and return them. All forms must be completed and reviewed before any student is accepted into the After School Program.

Program Days/Times: Monday – Thursday, 3:00 – 4:45 p.m.; beginning September 11, 2017. ***There will be no program on ½ days, early release days, or days when there is no school. There is no program on the last day of school before Christmas break, Thanksgiving break, and April break.*

Transportation: Transportation is included in this program. All children must be picked up by 4:45 or they will be required to board the appropriate bus. A fee of \$5.00 will be charged for every 5 minutes past 5:00. No child will be released to an adult not listed on the emergency data form.

Academic Support: All students will have homework time which is monitored and help is provided for those subjects in which they are struggling.

Activities: Enrichment activities include computer lab (FROGS tests), cooking, games and crafts, and face painting. Physical activities such as walking trail, playground, outdoor basketball courts, and gymnasiums are included in the rotation schedule.

Snack: A healthy snack will be provided to all students at the beginning of the session.

Contact information: During the school day: Sue Houmiel at 393-4951 x1101 or email houmiels@lisbon.k12.ny.us. You may reach the After School Program after 4:00 p.m. by calling 393-4951 x 1241 or email refordj@lisbon.k12.ny.us.

Fee: \$4.00 per day or \$16/week per child, \$22/week for 2 children, \$35/week for 3 children. Checks only please, made payable to Lisbon After School Program.

***Scholarships may be available based on need.*