

STUDENT REGISTRATION FORM

February 26th – May 10th, 2018

Student Name _____ Parent Name: _____

Age: _____ Grade: _____ Room #: _____ Teacher's Name: _____

Home Phone: _____ Emergency Phone: _____

Email: _____

Please list activities in order of preference. **YOU WILL RECEIVE A CONFIRMATION LETTER TO LET YOU KNOW IF YOUR CHILD HAS BEEN ACCEPTED IN THESE COURSES.**

Course	Day(s)	Time	Location

Please indicate how your child will be getting home after school activities:

___ My child will walk home alone.

___ My child will be picked up by _____

I understand that if I am late to pick up my child more than two times, my child could be dropped from his/her after school program enrollment. No one other than the parent/guardian or emergency contact may pick up any student unless the school is authorized by the parent ahead of time.

I, _____ (parent/guardian), give permission for my child to participate in the Boone School Program. I understand that enrollment is dependent upon consistent attendance and good behavior and that both are expected of my child. I will notify the office if my will be absent from After School Programs. **I understand that more than two unexcused absences or poor behavior will be cause for dismissal.**

(Signature of parent or guardian) _____ (Date) _____
