

**HCCPS After School Program Registration
2011-2012**

FIRST DAY OF AFTER SCHOOL THIS YEAR IS THURSDAY, SEPT. 1, 2011

Name of Student _____ Classroom/Age _____

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Name of Student _____ Classroom/Age _____

Parent _____ Best phone number during day _____

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These people can pick up my child from After School:

- 1.
- 2.
- 3.

**YOU MUST RETURN YOUR HCCPS EMERGENCY CARD TO THE OFFICE
BEFORE ENROLLING IN AFTER SCHOOL**

To reserve a slot for your child please complete the monthly Sign Up Form and return it to the completed forms box in the Main Office

I understand that all After School Care must be prepaid. Late payment may result in loss of access to After School Services

I have read the attached Letter of Agreement and understand the program requirements.

Parent/guardian signature

date

My child's special areas of interest are:

Anything else we should know about your child: