

Start Date _____

Turquoise Trail Charter School After-School Program Registration Form

My child will be enrolled in the program for (Check one):

Full Week _____ Individual Days (Circle) M T W T H F Emergency Only _____

Students Name

Grade

Teacher

Parent/Guardian #1 Name _____ Work # _____

Cell # _____

Parent/Guardian #2 Name _____ Work# _____

Cell # _____

If I cannot be reached in an emergency, please call:

Name _____

Name _____

Phone # _____

Phone # _____

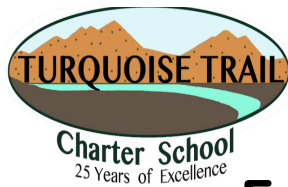
Relation _____

Relation _____

The following **MAY** pick-up my child from the After-School Program: (Identification required)

Name & Phone #

The following **MAY NOT** pick-up my child from the After-School Program:



Turquoise Trail Charter School After-School Program Emergency Medical Authorization Form

Student Full Name _____

Address _____

Date of Birth _____ Grade _____ Gender: Male or Female

The following information MUST be complete prior to enrollment; without completing Information listed below your child/children will not be allowed to attend.

To Grant Consent

In case of an emergency involving my child and I cannot be reached, I hereby give consent to transport my child to the following medical care providers and hospital to give reasonable and customary medical and health care deemed necessary.

Doctor _____ Phone# _____

Dentist _____ Phone# _____

Hospital _____ Phone# _____

If, for any reason the listed medical care providers or hospital cannot be reached, I authorize appropriate transport and medical care for my child.

Nothing in this section shall be construed to impose liability on any school employee who, in good faith attempts to comply with this section. It is understood that I will be financially responsible for all emergency care.

Signature of Parent/Guardian

Date

Facts Concerning the Medical History to Which a Physician should be alerted

_____ Asthma
_____ Diabetes
_____ Seizures
_____ Allergies
_____ Ear/Hearing Problems

_____ **Emotional Problems**
_____ **Heart Problems**
_____ **Meningitis**
_____ **Muscular Weakness/Paralysis**
_____ **Migraine Headaches**
_____ **High Blood Pressure**
_____ **Bleeding Disorder**
_____ **Date of last Tetanus Shot**

Other _____

_____ **None**

Insurance Information

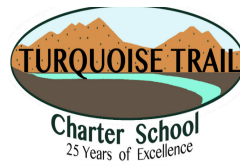
Students Primary Insurance _____

Subscriber's Name _____

ID Number _____

If your child needs any special instructions (allergies, diet, medical, etc.) Please list special instructions: _____None

Turquoise Trail Charter School After School Program



I, _____ the parent of _____
understand the following: (please initial all)

____ I have read and understand the regular school policies and procedures. These are the same school policies and procedures the After School Program follows and enforce. I can also access these policies and procedures through the school website. (www.ttschool.org)

____ I have read and understand the policies and procedures in the handbook issued by the After School Program. I can also access the handbook through the school website.

____ I have read and understand the discipline policies and procedures. I understand that my child may be dis-enrolled from After School Program for disciplinary reasons when parent and student intervention does not result in appropriate student behavior.

____ I will assume liability for accidents or injuries incurred during the After-School Program. I have signed my child's medical authorization form.

____ I have read and understand how the After School Program reports child abuse.

____ After School Program will charge a one-time application fee of \$20.00. \$5.00 more for each additional child. Fee will be waived with a CYFD voucher.

____ Payments are due in advance. You may set up auto payments, pay online, or at front office. Past due balances may deny access to After School Program services.

____ Late Fee of \$1.00 per minute for each minute after 5:30pm will be strictly enforced. I understand after 3 late pick-ups my child may be withdrawn from the program.

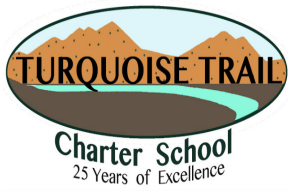
____ I understand that the After School Program is only available on days school is in session. Not during in-services, parent teacher conferences, holidays or snow days. Extended Day Care service could be offered for additional fee. School calendar is available on school website.

____ I give permission for media release
____ I **DO NOT** give permission for media release

____ I give my permission for my child to watch G and PG movies (Fridays Only)
____ I **DO NOT** give permission for my child to watch G and PG movies (Fridays Only)

Signature of Parent

Date



Turquoise Trail Charter School
After School Program
Dis-enrollment Form

I _____, parent/guardian of _____

Recognize and acknowledge that my child will be withdrawing from the After School Program at Turquoise Trail Charter School for the following reason(s):

_____ Changing schools

_____ No longer need services

_____ Child unable to follow Code of Conduct

_____ Other _____

Parent/Guardian Signature

Date

After School Program Director or
Program Manager Signature

Date