

# Corpus Christi After School Program Registration Form

**Family Name:** \_\_\_\_\_

Child Name	M/F	DOB	Circle Status & Circle Days	
_____	<b>M/F</b>	/ /	<b>FT/PT</b>	<b>M T W Th F</b>
_____	<b>M/F</b>	/ /	<b>FT/PT</b>	<b>M T W Th F</b>
_____	<b>M/F</b>	/ /	<b>FT/PT</b>	<b>M T W Th F</b>
_____	<b>M/F</b>	/ /	<b>FT/PT</b>	<b>M T W Th F</b>

**NOTE:** Full-time Status is a flat fee paid over ten months. You should register for Full-time status if your child will use the program for more than 9 hours per week. You should register for part-time if your child will use less than 9 hours per week.

**NOTE:** Full-time and Part-time rates status CANNOT be changed after October 13, 2023

## Family Contact Information

Parent's/Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Town Zip Code

Email #1 : \_\_\_\_\_

### Father

First & Last name: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Cell Phone number: \_\_\_\_\_

### Mother

First & Last name: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Cell Phone number: \_\_\_\_\_

# Pick-up & Emergency Contact

First & Last Name	Phone Number	Relationship to Child

Any medical concerns or allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NOTE: With the exception of emergency medication the After School Director and/or staff are not authorized to administer any over the counter or prescription medication during after school hours.

I have read the After School Program Policy Handbook and I have discussed it with my child/children. I understand my obligation to cooperate in enforcing the rules and regulations stated in this handbook and in having my child/children abide by these rules.

Signature of Parent/Guardian\_\_\_\_\_

Date: \_\_\_\_\_