



Salida Union School District

SISK ELEMENTARY SCHOOL

5337 Sugar Creek Lane • Salida CA 95368

Telephone: 209-545-1671 • Fax: 209-545-1624

AFTER SCHOOL PROGRAM REGISTRATION FORM

Student Name: _____ Grade _____ D.O.B _____ Teacher _____

Address: _____ City: _____ Zip: _____

Parent/Guardian Name: _____ Phone: _____ Secondary: _____

Parent/Guardian Name: _____ Phone: _____ Secondary: _____

Mailing Address: _____ Email: _____

Please check each statement:

- My child and I will abide by the After School Program Discipline Policy and Student/Parent Guidelines.
- I understand that early release of my student will be pursuant to the ASP Early Release Policy; and I must pick my child up by 6:00PM. **A fee of \$1.00 per minute per child will be added to monthly fee at all sites.**
- I understand that my child/ children may not be released to anyone not listed on this registration form, unless in case of extreme emergency the parents may grant permission by phone to the Site Supervisor. All individuals, including parents, are **required** to show picture ID at time of pick up.
- Photo release agreement: I give permission for my child/children's picture to be taken and reproduced for educational and program promotional purposes, using still-motion or videotape. Initial: _____
- I give my child/ children permission to watch movies that are rated PG at the After School Program. I understand I may request that my child not watch particular movies at any time. We will only show children's movies that we have previously viewed and find appropriate.
- I understand that my child/children will be dropped from the After School program if my child is picked up after 6:00PM more than three (3) times in a school year.
- I have legal custody of my child. I understand the After School Program staff members may release my child to either parent unless a court order is on file at the program.

In case of emergency, the following people can pick up my child/ children:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

- My child has a medical condition and/ or allergy (food allergies, nutritional needs, medications.) Please explain:** _____
- My child requires medication be kept at school.** (Complete Physician's Request for Administration of Medications form)

Parent/ Guardian Signature: _____ Date: _____



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Early Release Policy

A child may be released early from the After School Program prior to the end of the program time at 6:00 p.m. based on the following:

1. Transportation
2. Sports (please provide Site Supervisor with schedule)
3. Medical Appointments (with verification from physician)
4. Religious Obligation/Event
5. Parallel Program (school event)
6. Family Emergency
7. Other (accident or illness during program)

Once After School Program has begun for the day, a student who has left campus during regular school day or checked out from the program may not return to attend the After School Program.

Early release requires that the parent or guardian sign the child/children out and record the time of release daily. Please also indicate a code from one of the reasons listed above.

In accordance with the approved conditions above for: _____
(Student's Name)

I will sign and record the time of early release from the program daily.

(Signature of Parent/Guardian)

(Date)