



Salida Union School District

SALIDA MIDDLE SCHOOL

5041 Toomes Road • Salida CA 95368

Telephone: 209-545-1633 • Fax: 209-543-0831

AFTERSCHOOL 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:

Yes No I understand that my student 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 the time of pick up.

Yes No I give permission for my student's picture too be taken and reproduced for educational and program promotional purposes, using still-motion or videotape.

Yes No I give my student permission to watch movies rated PG at the After School Program. I understand I may request that my student not watch particular movies at any time.

Yes No I understand that my student will be dropped from the After School program if any student is picked up after 6:05 PM more than three (3) times in a school year.

Yes No My student may sign themselves out of the program after 4:30 PM. Note: My student understands that they must leave campus immediately after signing out.

Yes No My child has permission to ride the late bus home from After School Program.

Yes No My student has a medical condition and/or allergy (food allergies, nutritional needs, medications.)

Yes No There are custody issues related to my student. I understand the After School Program staff members may release my student to either parent unless a court order is on file at the program.

The following people can pick up my student:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____