



After School Program
Registration Form 20__-20__

PRE-Registration
You must complete an OFFICIAL
registration form during the 1st
week of school.

Child's Name _____ Birth date _____ Age _____

Child's Address _____
NUMBER/STREET APT CITY ZIP

Teacher _____ School Attending _____ Grade ___ Gender ___ M ___ F

Parent/Guardian _____ Phone day() _____ Phone eve.() _____

Parent/Guardian _____ Phone day() _____ Phone eve.() _____

Sign-Out Information

Safety is top priority in the After School Program, therefore no child enrolled in S.T.E.P. Up will be released from the program without a parent/guardian signature or that of one of the three local individuals listed below. (Note the names that appear below must be of someone 16 years or older and able to pick up the child at the site).

1. Name _____ Phone _____ Relationship _____

2. Name _____ Phone _____ Relationship _____

3. Name _____ Phone _____ Relationship _____

MEDICAL RELEASE: by signing below, I authorize SUSD and After School staff to obtain first available emergency care in case of injury or illness for my child.

Parent/Guardian Signature _____ DATE _____

- Does your child require medications? [] NO [] YES IF YES, PLEASE LIST TYPE AND PURPOSE

- Will your child take medication while at the after school program? [] NO [] YES
Please note: After School staff are not allowed to administer medicine to participants.

- Does your child have any allergies? If yes, please list. _____

By signing below, I agree that I have read and understand the conditions of my child's participation in the After School program. I further agree to hold Stockton Unified School District and the staff, partners and other participants, free and harmless from any and all liability whatsoever arising from my child's participation in this activity. My signature authorizes the Stockton Unified School district to use a photograph or similar likeness or image of myself or the child named on this form in any future advertisement or promotion of the After School Program or for educational purposes.

Parent/Guardian Signature _____ Date _____

SITE FACILITATOR USE ONLY
SASI # _____ Referred by: _____
Date application received: _____ First day of attendance: _____ CHKS survey _____
Final day _____ REASON: [] Moved [] Removed from the Program [] Voluntarily left [] End of the year
(Check one)