Before and After School Program Student Application / Enrollment Form CASWELL COUNTY SCHOOLS

Student's Nar	ne:		Date:		
Grade	School:	nool:		Teacher:	
	Parent(s) / G	uardian(s) Contact I	 nformation		
Name:		Name:			
Address:		Address:	Address:		
Home Phone:		Home Phone:	Home Phone:		
Work Phone:		Work Phone:			
	ployed with Caswell County Scl twould be half of the regular price belo			NO	
3.T . A 11		Options (Please Check C			
Note: All pi	rogram costs are calculated on a	<u> </u>			
	Before School Prog	, , , , , , , , , , , , , , , , , , , ,	\$20.00 MAX	Weekly Rate	
	After School Progr	am (Only) ool Programs (BOTH)	\$40.00 MAX \$60.00 MAX	Weekly Rate Weekly Rate	
Paranta	must pay each week or studen	<u> </u>		J	
		lditional Contact persor		re and Fragress	
Any other person	(s) who has your permission to pick u		be reached. Include	those with your permission to b	
Name:	Addres	88:	Telephone:		
Doctor's Name:			Telephone:		
			1 1 2		
Does the stud	ent have any allergies (includir	ng food allergies) – Please l	ist below		
Are there any	special health concerns/condit	ions? If yes, please list bel	ow		
Currently tak	ing any medications? If yes, plo	ease list below			
	nat the guidelines and rules of the learning with the guidelines may re-	e e		l by. I also understand	
Signature:			Date:		