

Before and After School Program
 Student Application/Enrollment Form
NORTH ELEMENTARY SCHOOL

Student's Name:		Date:
Grade	School:	Teacher:

Parent(s) / Guardian(s) Contact Information

Name:	Name:
Address:	Address:
Home Phone ()	Home Phone ()
Work Phone ()	Work Phone ()

Parent Employed with Caswell County Schools

Yes	No
-----	----

Program Options (Please Check One)

Note: All program costs are calculated on a weekly rate as based on the number of days in the school week.

	BEFORE SCHOOL PROGRAM (Only)	\$15.00 MAX	Weekly Rate
	AFTER SCHOOL PROGRAM (Only)	\$25.00 MAX	Weekly Rate
	BEFORE AND AFTER SCHOOL PROGRAMS (Both)	\$40.00 MAX	Weekly Rate

Additional Contact Persons

*Any other person(s) who has your permission to pick up your child if the parent cannot be reached.
 Include those with your permission to be contacted in the event of an emergency (List by priority).*

Name	Address	Telephone
1		
2		
3		

Doctor's Name	Address	Telephone
Does the student have any allergies (including food allergies)?		
If yes, please explain:		
Are there any other special health concerns/conditions?		
If yes, please explain:		
Currently taking any medications?		
If yes, please explain:		

I understand that the guidelines and rules of the Before and After School Program must be abided by.
 I also understand that failure to comply with the guidelines may result in the termination of these services.

Signature: _____ Date: _____