



**For Office Use Only**

Date Entered: \_\_\_\_\_  
 Start Date: \_\_\_\_\_  
 Registration Fee Paid: \_\_\_\_\_  
 Pickup Restrictions  
 (A copy of custodial records must be on file)

**For Office Use Only**

School: \_\_\_\_\_  
 Homeroom: \_\_\_\_\_  
 Cash: \_\_\_\_\_ Check #: \_\_\_\_\_ Receipt #: \_\_\_\_\_  
 Medical Restrictions

**Bartow County After-School  
 Student Application Form**  
 (Return to School Office)

\_\_\_\_\_  Male  Female  
 Child's Name \_\_\_\_\_ Grade \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_ Home Phone # \_\_\_\_\_

\_\_\_\_\_ Guardian/Mother's Name \_\_\_\_\_ Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

\_\_\_\_\_ Guardian/Mother's Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

\_\_\_\_\_ Guardian/Father's Name \_\_\_\_\_ Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

\_\_\_\_\_ Guardian/Father's Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

**In Case of Emergency Contact:**

\_\_\_\_\_ Name \_\_\_\_\_ Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

\_\_\_\_\_ Name \_\_\_\_\_ Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

The following people are the only people that are allowed to pick up my child from the After-School Program (other than parent/guardian). List day care center's name if appropriate. I.D. must be provided.

\_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

\*Additional names may be listed on the back of this form if needed

My child will be enrolled for: \_\_\_\_\_ Full Week \_\_\_\_\_ Drop-In \_\_\_\_\_ Individual Days: \_\_\_\_\_ M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F  
 If school dismisses early for any reason, please have my child:

\_\_\_\_\_ Go home on bus # \_\_\_\_\_ \_\_\_\_\_ Ride home with \_\_\_\_\_ \_\_\_\_\_ I will pick up

(Please complete other side)



**Bartow County After-School Program  
Student Application Form**

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If your child has special requirements such as allergies, diet, medical, etc. proper documentation must be on file. Please list any additional medical information the ASP staff should know about your child.

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Additional people who are allowed to pick up my child:

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Name	Relationship	Phone #
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Name	Relationship	Phone #
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Name	Relationship	Phone #
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Name	Relationship	Phone #
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I have been provided with the After-School Parent Handbook and have read, understand, and agree to abide by all regulations and procedures. I also agree to assume liability for all accidents and injuries incurred during the After-School Program. In the event of an emergency, I authorize the person(s) in charge to seek immediate medical attention for my child.

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Parent/Guardian Signature

Date