

A.P.P.L.E. After School Registration Form

AES _____ AJHS _____

**Child 1:**

Birthdate: _____ Male or Female _____ Age: _____ Current _____
Grade: _____

Last Name: _____ First: _____ MI: _____

Child 2:

Birthdate: _____ Male or Female _____ Age: _____ Current Grade: _____

Last Name: _____ First: _____ MI: _____

Child 3:

Birthdate: _____ Male or Female _____ Age: _____ Current Grade: _____

Last Name: _____ First: _____ MI: _____

Child 4:

Birthdate: _____ Male or Female _____ Age: _____ Current Grade: _____

Last Name: _____ First: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____

Mother's Info: Last Name: _____ First: _____

Home Phone: _____ Work: _____ Cell Phone: _____

Email Address: _____

Father's Info: Last Name: _____ First: _____

Home Phone: _____ Work: _____ Cell Phone: _____

Email Address: _____

Emergency Contact (other than parent): _____ Phone: _____

List any medical concerns/issues : _____

Does your child have an IEP? _____ If yes, do you give us permission to gather information from the Case Mgr? _____

There is a \$35.00 fee per child per semester for the after-school program. The first payment is due at time of registration (first semester) and then again in January (second semester).

I give permission for my child to attend the A.P.P.L.E after-school program. I understand that my child will be transported to the program on an ACS school bus and that I will be responsible for picking my child up from the program everyday by **5:45 pm** or I will be charged a late fee. I understand that my child may be suspended or expelled from the program at any-time due to misbehavior or discipline issues as determined by the Program Coordinator. I understand that if my child is suspended from school or the school bus then he/she is also suspended from the A.P.P.L.E program. I give my permission to the staff from the A.P.P.L.E program to discuss my child's academic progress with the Andalusia City School' staff to ensure seamless instruction and tutoring. I also give permission for my child to be photographed and video taped for use in projects, brochures, and media releases.

Parent/Guardian Signature : _____ Date: _____