



A.P.P.L.E. Registration Form

Child 1:

Birthdate: _____ Sex (circle one): Male or Female Age: _____ Current Grade: _____

Last Name: _____ First: _____ MI: _____

Child 2:

Birthdate: _____ Sex (circle one): Male or Female Age: _____ Current Grade: _____

Last Name: _____ First: _____ MI: _____

Child 3:

Birthdate: _____ Sex (circle one): Male or Female Age: _____ Current Grade: _____

Last Name: _____ First: _____ MI: _____

Child 4:

Birthdate: _____ Sex (circle one): Male or Female Age: _____ Current Grade: _____

Last Name: _____ First: _____ MI: _____

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

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

Mailing

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

Home Phone: _____ Cell Phone: _____ Other: _____

School: _____

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

Home Phone: _____ Work: _____ Cell Phone: _____

Email Address: _____

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

Home Phone: _____ Work: _____ Cell Phone: _____

Email Address: _____

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

List any medical concerns/issues : _____**APPLE AFTER-SCHOOL/SUMMER PROGRAM: \$35.00 Registration Fee***Has your child previously attended the A.P.P.L.E after-school /Summer program. YES or NO (Circle one)*

I give permission for my child to attend the A.P.P.L.E after-school/Summer 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 before 6pm (5 pm in summer) or I will be charged a late fee. I understand that my child may be suspended or expelled from the program at anytime due to misbehavior or discipline issues as determined by the Program Director. I understand that if my child is suspended from school, then he/she is also suspended from the A.P.P.L.E program. I give my permission for staff from the A.P.P.L.E program to discuss my child's academic program 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: _____

