

Received Date: _____ Paid: Check# _____ Cash _____

**CASP Before/After School Care
Registration Form 2021-2022**

***Please note that a non-refundable registration fee must accompany this application.**

Early Bird Registration Fee \$25.00, After May 15th \$30.00 Registration Fee

Child(ren) Name(s):	DOB:	Grade in 2021-2022:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Custodial Parents/Guardians Names:	Home Phone #: _____
1. _____	DOB: _____ Cell #: _____
2. _____	DOB: _____ Cell #: _____

Mailing address: _____
Physical address: _____

Guardian #1 Work Place & Address: _____ _____	Guardian #2 Work Place & Address: _____ _____
Work Phone: _____	Work Phone: _____

Divorced or Separated Parent: _____
Address: _____ **Phone:** _____

***Please enclose a copy of court documentation if this parent is forbidden to have contact with your child. CASP must keep a copy of any court documentation on file for safety purposes.**

Please fill out the following:
Names of people living in your household:

Is your child(ren) taking any medications? _____

Please list any allergies your child(ren) may have: _____

What language does your family speak at home: _____

Any other conditions or concerns you would like to share about your child(ren)? Please feel free to attach additional information:

Child(ren) Name (s): _____

In the event of an emergency and you cannot be reached, who would you like CASP to contact?

Name: _____ Relationship to child: _____

Home #: _____ Work #: _____ Cell #: _____

Please list all individuals who have permission to remove your child from our care.

FOR SECURITY REASONS, NO CHILD WILL BE RELEASED TO INDIVIDUALS NOT LISTED! You may add or delete names at any time through the CASP office. Please inform these individuals that they may be asked for identification until staff is familiar with them. No child will be released unaccompanied.

Name & Relationship to child:	Phone # during child care hours:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

For your child’s safety, it is your responsibility to notify the CASP office immediately with any changes in emergency contact information.

Please choose the programs you would like to register for.

1. **Morning Program** (6:30-8:15 AM)

2. **8th Period Program** (2:15-3:30 PM)

Please circle your preference: Parent Pick up or Late Bus (no late bus on Fridays)

3. **Afternoon Program** (2:15-5:30 PM)

4. **Drop In** (10.00 monthly program maintenance fee + daily rate):

Please circle all that may apply for possible drop in:

Program Option:	Morning	8 th Period only	Full Afternoon		
Days Needed:	Monday	Tuesday	Wednesday	Thursday	Friday

Please note that your account will be charged whether or not your child attends the program at any given day. Drop In option requires child to be registered in the program and 24-hour notice (limited availability).

Enrollment is first come first serve, and some programs have limited availability. The Director will contact you upon receipt of this enrollment form and will confirm enrollment at that time.

If for any reason you would like to discontinue care, change your programming, or change your schedule, please notify the Director **at least 2 weeks ahead** of anticipated changes or to end services. Thank you!

Parent Signature: _____

Date: _____