

CCSD REACH-OST Program

Wellsville After-School Program

REGISTRATION FORM PAGE 1



Child's Name: _____ Gender: _____ Grade: _____ Teacher: _____ DOB: _____

Allergies: _____ Medical Conditions: _____ Primary Language _____

___Hispanic/Latino ___Caucasian ___Native American ___African American ___Pacific Islander ___Asian ___Other

Child's Name: _____ Gender: _____ Grade: _____ Teacher: _____ DOB: _____

Allergies: _____ Medical Conditions: _____ Primary Language _____

___Hispanic/Latino ___Caucasian ___Native American ___African American ___Pacific Islander ___Asian ___Other

Child's Name: _____ Gender: _____ Grade: _____ Teacher: _____ DOB: _____

Allergies: _____ Medical Conditions: _____ Primary Language _____

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Child's Name: _____ Gender: _____ Grade: _____ Teacher: _____ DOB: _____

Allergies: _____ Medical Conditions: _____ Primary Language _____

___Hispanic/Latino ___Caucasian ___Native American ___African American ___Pacific Islander ___Asian ___Other

Home Address: _____ City: _____ Zip: _____ Home Phone: _____

Parent/Guardian Name: _____ Work Phone: _____ Cell Phone: _____

Parent/Guardian Name: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Emergency Contact #1: _____ Home Phone: _____ Cell Phone: _____

Emergency Contact #2: _____ Home Phone: _____ Cell Phone: _____

I hereby give permission for _____ to participate in the Cache County School District REACH-OST program. As parent/guardian, I have read the handbook or program materials and discussed the program with the participant. I recognize that there is an element of risk associated with the program and I acknowledge my acceptance of that risk by participation. In the event of an emergency, I give permission for emergency medical treatment to be administered to my child. I also acknowledge that accessibility or use of tobacco, alcohol, illegal substances or sexually explicit materials are prohibited by any person anywhere on the premises. I agree to hold harmless from any claim the Cache County School District and its school sites where my child is in participation in REACH or other after school programs. As a parent/guardian, I am responsible for providing transportation promptly at the ending time designated by the site. I also hereby consent to allow my child's picture and/or likeness to appear in any official documentary, promotional, exclusive television, radio or film coverage of the Cache County School Districts publications in any manner incidental to participation in the activity of the Cache County School District programs without compensation.

Parent/Guardian Signature: _____ Date: _____

Wellsville Elementary School

Wellsville After-School Program
REGISTRATION FORM PAGE 2



Your child may come **THE DAY AFTER** turning this paper into the office.

Homework help: Monday - Thursday 3:35-4:25.

Initial that you understand the schedule.

INITIAL HERE



Please circle ONE option only:

Student will ride the bus home each day.	Student will walk or ride bike home each day.	Student will be picked up each day by the front doors at 4:25 by an approved adult.	An approved adult will come into the building and sign my student out each day by 4:25.
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NOTES:

★ Approved adults **MUST** be on page 1 of this registration form as either the parent/guardian **OR** an emergency contact, or included below.

★ If your child is taking the bus, please write your house address below.

★ If you need to make other arrangements for your child, send them with a note or contact Angelynn Johnson (801) 577-1163 by 4:00.

★ If your child does not attend the after school program, we are not required to contact you and let you know they are coming home instead.

INITIAL HERE THAT YOU UNDERSTAND ALL 4 NOTES



I hereby give permission for _____ to participate in the Cache County School District REACH program.

Parent/Guardian Signature: _____ Date: _____