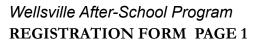
CCSD REACH-OST Program





Child's Name:	G	ender:	_ Grade:	Teacher:	DOB:	
llergies: Medical Condit		onditions: _			Primary Language	
Hispanic/LatinoCaucasian	_Native American _	African Ar	mericanPac	ific Islander	AsianOther	
Child's Name:		Gender:	Grade:	Teacher: _	DOB:	
Allergies:	Medical (Conditions:			Primary Language	
Hispanic/LatinoCaucasian	_Native American _	African Ar	nericanPac	ific Islander	AsianOther	
Child's Name:	(Gender:	_ Grade:	Teacher: _	DOB:	
Allergies:	Medical (Conditions:			Primary Language	
Hispanic/LatinoCaucasian	_Native American _	African Ar	nericanPac	ific Islander	AsianOther	
Child's Name:		Gender:	Grade:	Teacher: _	DOB:	
llergies: Medical Conditi		Conditions:	ions:		Primary Language	
Hispanic/LatinoCaucasian	_Native American _	African Ar	mericanPac	ific Islander	AsianOther	
Home Address:		City:		Zip:	Home Phone:	
Parent/Guardian Name:		Worl	x Phone:		Cell Phone:	
Parent/Guardian Name:			Work Phone:		Cell Phone:	
E-mail Address:						
Emergency Contact #1:	#1:		Home Phone:		Cell Phone:	
Emergency Contact #2:		Hom	e Phone:		Cell Phone:	
event of an emergency, I give permission tobacco, alcohol, illegal substances or se- claim the Cache County School District	As parent/guardian, lement of risk associant for emergency media and its school sites who widing transportation official documentary,	I have read the parties of the properties of the probability of the properties of the promptly at promotional,	e handbook or porogram and I act to be administered by any personis in participation the ending time exclusive televis	orogram materials cknowledge my a ded to my child. I nanywhere on the nin REACH or dedignated by the ion, radio or film	also acknowledge that accessibility or use of the premises. I agree to hold harmless from any other after school programs. As a se site. I also hereby consent to allow my child's coverage of the Cache County School	
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: M Initial that you un	onday - Thursday 3 derstand 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.	
parent/guardio	an OR an emergency	1 of this registration for contact, or included below	V.	
contact Angely	nn Johnson (801) 57	•		
contact you an	d let you know they o	fter school program, we d are coming home instead.	are not required to	
		INITIAL HERE THAT YOU UNDERSTAND ALL 4 NOTE		
I hereby give permis	sion for	to pa	articipate in the Cache	
County School Distr				
Parent/Guardian Sig	nature:	Date: _		