

LaSalle Preparatory School After School Program 2008-2009 Registration Form

Child's Full Name (please print) _____ Male or Female (please circle)

Grade _____ Home Base _____ Cluster _____ DOB ____ / ____ / ____

Address _____

Mother/Guardian – (name) _____ Home phone _____ Work/Cell _____

Emergency Contacts

Others Who May Pick Up My Child

| Name | Phone Number | Name | Phone Number |
|------|--------------|------|--------------|
| | | | |
| | | | |

Emergency Medical Information

In the event of a medical emergency, the Site Coordinator should call:

| | |
|------------------------------|---------------------|
| Physician Name: _____ | Phone: _____ |
|------------------------------|---------------------|

In the event that I, or my child's physician cannot be reached in an emergency, I hereby give my permission to the physician's /hospital selected by the program to secure proper medical treatment for my child.

Parent/Guardian Signature: _____ **Date:** ____ / ____ / ____

Allergies and/or Special Needs

Please list any allergies to foods, bees, etc. and/or any special needs – i.e., asthma, seizures, etc.

| Allergy or Special Need | Reaction | Action to be Taken |
|-------------------------|----------|--------------------|
| | | |
| | | |

Classes:

Recreational Activities:

| | |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| You must choose 1 class: | Choose the recreational activity you would like, ranking them in order of your choice (1st, 2nd, 3rd, etc.). We will try to give you your first choice but it's not always possible to do so. |
| ___ Math Help | ___ Chess Players w/ Mr. Herowski |
| ___ Language Arts Help | ___ Boys Leadership w/ Mr. Hutchinson |
| | ___ Girls Leadership w/ Ms. Kendzia |
| | ___ Girls Group w/ Mrs. Hudson |
| | ___ Basketball (boys and girls) w/ Mr. White |
| | ___ Computer Café w/ Ms. Pelligra |
| | ___ Body-building w/ Mr. Teoli |

Please be sure to return this registration form, COMPLETED and SIGNED BY A PARENT/GUARDIAN, to the Main Office. Upon approval of this form, your after-school classes schedule will be given to your home base teacher.

Parent/Guardian Memo of Understanding:

- I give consent for access to my child's records for academic program planning. YES NO

Parent/Guardian Signature _____ **Date:** ____ / ____ / ____