

# LaSalle Preparatory School

## 21<sup>st</sup> Century After-School Program Registration Form (2022-2023) | Session #1

**Please return completed form to Mr. Laurie in room 302!**

General Information	
Child's Full Name (please print): _____	
Student I.D.: _____	Male: _____ Female: _____ Grade: _____ School: <b>LPS</b>
Address: _____ Zip Code (required): _____	
Parent/Guardian Name (please print): _____	
Parent/Guardian Relationship: _____ Parent/Guardian Phone: _____	
Transportation: _____ Bus _____ Parent Pick Up _____ Walker	

Emergency Contacts (Others Who May Pick Up My Child)	
Name: _____	Relationship: _____ Phone: _____
Name: _____	Relationship: _____ Phone: _____

Emergency Medical Information	
In the event of a medical emergency, the site coordinator should call:	
Name: _____	Relationship: _____ Phone: _____
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		
<i>Please list any allergies to foods, bees, etc. and/or any special needs- i.e., asthma, seizures, etc. Write "N/A" if no Allergies and/or Special Needs</i>		
Allergy or Special Need	Reaction	Action to be Taken

Parent/Guardian Memo of Understanding		
I give consent for my child to be photographed for education material, promotional articles or any other lawful purpose:	<b>YES</b>	<b>NO</b>
I give consent for my child to attend all field trips using district transportation or 'walking field trips':	<b>YES</b>	<b>NO</b>

Health History					
<b>ALL "YES" ANSWERS MUST BE EXPLAINED – Unexplained answers will delay clearance for your child. Continued on back.</b>					
HAS/DOES THE PARTICIPANT:					
Question	Yes	No	Question	Yes	No
Had any recent injury, illness or infectious disease?			Ever been diagnosed with a heart murmur?		
Have a chronic or recurring illness/condition?			Ever had back problems?		
Have a bleeding disorder?			Ever had problems with joints (knees, ankles)?		

Ever had surgery?			Have learning disabilities?		
Have frequent headaches?			Have behavior concerns (i.e. ADD or ADHD)?		
Ever had a head injury?			Have mobility concerns?		
Ever had frequent ear infections?			Have an orthodontic appliance?		
Ever had seizures?			Wear glasses, contacts, protective eye wear?		
Ever had chest pain during or after exercise?			Have any skin problems? (i.e., rash, acne)		
Ever passed out during or after exercise?			Have asthma?		
Ever had high blood pressure?			Have diabetes?		
Had mononucleosis in the 12 months?			Ever had an eating disorder?		
Ever had emotional difficulties requiring professional help?			Been taken out of gym class this school year by a doctor? (If yes, was he/she returned to gym?)		
Have medications he/she takes at school?					

If you answered "Yes" to any of the health history questions above, please explain.

### Parent/Guardian Agreement

I agree to the following:

- I have completed this form, including the health history, to the best of my knowledge.
- 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 and/or hospital selected by the program to secure proper medical treatment for my child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Clubs Offered

PLEASE CLEARLY CIRCLE/HIGHLIGHT WHAT CLUBS YOU ARE INTERESTED IN ATTENDING! (ONE PER DAY)

Monday	Tuesday	Wednesday	Thursday
<b>Crocheting &amp; Craft Club</b> 2:30-3:30 (Mrs. Franke)	<b>Family Consumer Science</b> 2:30-5:00 (Ms. Dean)	<b>Walking Club</b> 2:30-3:30 (Mrs. Franke)	<b>Karaoke Club</b> 2:30-4:00 (Ms. Olka)
<b>Karaoke Club</b> 2:30-4:00 (Ms. Olka)	<b>Social Studies Club</b> 2:30-3:30 (Mr. Mansour)	<b>Health Club</b> 2:30-3:30 (Mr. Mansour)	<b>Farm to Table</b> 2:30-5:00 (Mrs. Mannarino)
<b>Intro to Robotics</b> 2:30-3:30 (Miss Bradshaw)	<b>Karaoke Club</b> 2:30-3:30 (Ms. Olka)	<b>Homework Help</b> 2:30-3:30 (Mrs. Buzzelli)	<b>Dodgeball</b> 2:30-3:30 (Mr. DeRosa)
<b>Movie/Coloring Club</b> 2:30-3:30 (Mrs. Sperry)	<b>Clothes Closet</b> 2:30-3:30 (Miss Bradshaw)	<b>Chess Club</b> 2:30-3:30 (Mr. Ennett)	<b>Critical Literacy</b> 2:30-5:00 (Mrs. Sperry) <i>Invitation only (IO)</i>
<b>The Alliance (LGBT+)</b> 2:30-3:30 (Ms. Laura)	<b>Swim Club</b> 2:30-3:30 (Mrs. Sperry)	<b>Intro to Robotics</b> 2:30-3:30 (Miss Bradshaw)	
<b>Game On</b> 2:30-3:30 (Ms. Smith)	<b>Spy Kids</b> 2:30-3:30 (Ms. Laura)	<b>Creative Writing</b> 2:30-3:30 (Ms. Moustafa)	
<b>Drone Club</b> 2:30-5:00 (Mr. Strangio)	<b>Drone Club</b> 2:30-5:00 (Mr. Strangio)	<b>Sketch Comedy/Improv.</b> 2:30-3:30 (Ms. Laura)	
<b>Robotics (IO)</b>	<b>Robotics (IO)</b>	<b>Robotics (IO)</b>	<b>Robotics (IO)</b>

