

Freshwater After School Schedule

Contact Director for Questions - lleath@freshwatersd.org

IMPORTANT: If you are planning to have your child attend AFTER SCHOOL PROGRAM, I need to receive their new year schedule. This sheet needs to be filled out and returned to the ASP Director, Laura "Peach" Green before your child's FIRST day of attending ASP. You may turn this completed form for each child to their teacher, Ms. Mintey in front office, or the ASP portable at the back of the school.

2019-2020 PLEASE WRITE LEGIBLY

STUDENT Name _____ Birthdate _____ Age _____ Grade _____

Parent/Guardian(1) Name _____ Phone _____

Parent/Guardian(2) Name _____ Phone _____

Home/Mailing Address (1) _____

Home/MailingAddress (2) _____

Email(s)thatischecked regularly _____

Student may be picked up by the following individuals:

ID's will be checked to ensure safety. We may contact these adults in an emergency if you are unavailable.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Please list all known allergies _____

Medication(s) your child takes _____

Chronic illness(es) _____

Doctor _____ Phone _____

Dentist _____ Phone _____

Any other information you feel we should be aware of?

I agree to be solely and directly responsible for any and all payment of costs and services provided to or for my child.

Signature of Parent/ Guardian (1) _____ Date _____

Signature of Parent/ Guardian (2) _____ Date _____

SCHEDULE YOUR CHILD FOR ASP HERE. NOTE: TK/Kinders taking bus leave ASP at 2:45. Indicate BUS on their Time of pick up if they will be taking the bus.

TAKE A PHOTO OF THIS SCHEDULE AND SAVE FOR YOUR RECORDS!

CHILD NAME (First, Last) _____ PARENT NAME: (PRINT) _____

FOR DAYS THEY WILL NOT ATTEND - PLEASE LEAVE BLANK. For days attending, write time of pick up (1:30-6:00)

Indicate here that you understand this is your schedule for the semester and will not be updated unless you notify us with changes. YES NO

*Important note - This schedule determines the rate you are charged (scheduled rate \$3.75/hr, drop in \$4.50/hr).

MONDAY Time of pick up : _____

TUESDAY Time of pick up : _____

WEDNESDAY Time of pick up : _____

THURSDAY Time of pick up : _____

FRIDAY Time of pick up : _____