



Start Date \_\_\_\_\_  
Application Fee \_\_\_\_\_

## Turquoise Trail Charter School After-School Program Registration Form

My child will be enrolled in the program for (Check one):

Full Week \_\_\_\_\_ Individual Days (Circle) **M T W T H F** Emergency Only \_\_\_\_\_

Students Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: Male or Female

Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Sibling(s) \_\_\_\_\_

Parent/Guardian #1 Name \_\_\_\_\_ Work # \_\_\_\_\_  
Email \_\_\_\_\_ Cell # \_\_\_\_\_

Parent/Guardian #2 Name \_\_\_\_\_ Work# \_\_\_\_\_  
Email \_\_\_\_\_ Cell # \_\_\_\_\_

**If I cannot be reached in an emergency, please call:**

Name \_\_\_\_\_

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Phone # \_\_\_\_\_

Relation \_\_\_\_\_

Relation \_\_\_\_\_

The following **MAY** pick-up my child from the After-School Program: **(Identification required)**

Name & Phone #


The following **MAY NOT** pick-up my child from the After-School Program:

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# Turquoise Trail Charter School

## After-School Program

### Emergency Medical Authorization Form

Student Full Name \_\_\_\_\_

*The following information **MUST** be complete prior to enrollment; without completing information listed below your child/children will not be allowed to attend.*

#### To Grant Consent

In case of an emergency involving my child and I cannot be reached, I hereby give consent to transport my child to the following medical care providers and hospital to give reasonable and customary medical and health care deemed necessary.

Doctor \_\_\_\_\_ Phone# \_\_\_\_\_

Dentist \_\_\_\_\_ Phone# \_\_\_\_\_

Hospital \_\_\_\_\_ Phone# \_\_\_\_\_

If, for any reason the listed medical care providers or hospital cannot be reached, I authorize appropriate transport and medical care for my child.

Nothing in this section shall be construed to impose liability on any school employee who, in good faith attempts to comply with this section. It is understood that I will be financially responsible for all emergency care.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

#### Facts Concerning the Medical History to Which a Physician should be alerted

- \_\_\_\_\_ Asthma
  - \_\_\_\_\_ Diabetes
  - \_\_\_\_\_ Seizures
  - \_\_\_\_\_ Allergies
  - \_\_\_\_\_ Ear/Hearing Problems
  - \_\_\_\_\_ Emotional Problems
  - \_\_\_\_\_ Heart Problems
  - \_\_\_\_\_ Meningitis
  - \_\_\_\_\_ Muscular Weakness/Paralysis
  - \_\_\_\_\_ Migraine Headaches
  - \_\_\_\_\_ High Blood Pressure
  - \_\_\_\_\_ Bleeding Disorder
- Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ None



## Turquoise Trail Charter School After School Program

I, \_\_\_\_\_ the parent of \_\_\_\_\_  
understand the following: (please initial all)

\_\_\_\_ I have read and understand the regular school policies and procedures. These are the same school policies and procedures the After School Program follows and enforce. I can also access these policies and procedures through the school website. ([www.ttschool.org](http://www.ttschool.org))

\_\_\_\_ I have read and understand the policies and procedures in the handbook issued by the After School Program. I can also access the handbook through the school website.

\_\_\_\_ I have read and understand the discipline policies and procedures. I understand that my child may be dis-enrolled from After School Program for disciplinary reasons when parent and student intervention does not result in appropriate student behavior.

\_\_\_\_ I will assume liability for accidents or injuries incurred during the After-School Program. I have signed my child's medical authorization form.

\_\_\_\_ I have read and understand how the After School Program reports child abuse.

\_\_\_\_ After School Program will charge a one-time application fee of \$20.00. \$5.00 more for each additional child. Fee will be waived with a CYFD voucher.

\_\_\_\_ Payments are due in advance. You may set up auto payments, pay online, or at front office. Past due balances may deny access to After School Program services.

\_\_\_\_ Late Fee of \$1.00 per minute for each minute after 5:30pm will be strictly enforced. I understand after 3 late pick-ups my child may be withdrawn from the program.

\_\_\_\_ I understand that the After School Program is only available on days school is in session. Not during in-services, parent teacher conferences, holidays or snow days. Extended Day Care service could be offered for additional fee. School calendar is available on school website.

\_\_\_\_ I give permission for media release

\_\_\_\_ I **DO NOT** give permission for media release

\_\_\_\_ I give my permission for my child to watch G and PG movies (Fridays Only)

\_\_\_\_ I **DO NOT** give permission for my child to watch G and PG movies (Fridays Only)

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date