



TWIN RIDGES AFTER SCHOOL PROGRAM

ENROLLMENT FORM *

Name: _____ Phone: _____ Relationship: _____

4. Emergency Contact Information

In the event of an emergency, please list three people we may contact who know your child and can take full responsibility should you not be available (must be a local person who can pick up your child).

Name: _____ Home Phone: _____ Work Phone: _____

Name: _____ Home Phone: _____ Work Phone: _____

Name: _____ Home Phone: _____ Work Phone: _____

5. Parent/Guardian Consent for Movies, Photographs, and Internet Use

I give my consent to the Twin Ridges After School Program (TRASP) to photograph my child and to use such pictures and/or stories in connection with any of their work without consideration of compensation of any kind, and I do release Twin Ridges Elementary School District from any claims whatsoever which may arise in said regards. Yes No

I give my consent to the TRASP to allow my child to use the Internet under the supervision of the After School Program staff. Yes No

I give my consent to the TRASP to allow my child to watch G and PG rated movies under the supervision of the After School Program Staff. Yes No

6. Parent/Guardian Agreements

I agree to the following terms as a condition of my child's enrollment in the TRASP. (Please initial each line)

TRASP begins directly after school each day and closes at 6:00 p.m. Parents whose children remain past 6:00 p.m. will be charged a fee of **\$1.00 per minute per child**. Fees will be collected on the day the child is picked up late. _____

My student has permission to ride the bus that is provided by Durham Transportation and TRASP _____

My student has permission to participate in walking field trips with TRASP _____

I understand that my child must adhere to the behavioral guidelines of the program. If my child chooses not to follow these guidelines it could result in the dismissal from the program. (Please see our school policy on behavior guidelines) _____

I understand the TRASP is not responsible for lost, stolen, or broken personal items. _____

I understand that the TRASP does not provide medical or accident insurance for individual students. (School insurance is available at parent expense). _____

Physician to be called in an Emergency

Name _____ Telephone _____

Address _____

Medi-Cal Number _____ Medical Insurance _____

Insurance Number _____

In case of an emergency, injury, or illness, I authorize the TRASP to call the paramedics. As legal guardian of the above listed student, a minor, I authorize the school representative designee to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care to be rendered upon the advice of any licensed physician and/or dentist.

I have read and understand the above.

Parent/Legal Guardian Signature _____

Date _____