



TWIN RIDGES AFTER SCHOOL PROGRAM

ENROLLMENT FORM *

Today's Date: _____

* Subject to availability

Students School locations: Grizzly Hill (K-8)

My Child plans to attend the Twin Ridges After School Program (TRASP) on the following days:

*(circle) Mon Tues Wed Thurs Fri

1. Student Information

Name: _____ Special Ed/IEP: Yes No
Last First Middle

Gender: Male Female Birth Date: _____ Age: _____ Primary Language: _____

Ethnicity: Black Hispanic American Indian Asian/Pac. Islander Caucasian Other: _____

School Teacher: _____ Current Grade Level: _____

Allergies: _____ Chronic Illness/Medication: _____

Names of siblings who will also attend After School Program: _____

Special Notes: _____

2. Parent/Guardian Information

Name: _____

Name: _____

Address: _____

Address: _____

Home#: _____ Cell#: _____

Home#: _____ Cell#: _____

Place of Work: _____

Place of Work: _____

Work#: _____

Work#: _____

Email: _____

Email: _____

3. Student Pick-up Information: Pick-up Only

Please list persons with phone numbers who you give permission to pick-up your child from the program.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Updated 8/14/18