



Before and After-School Registration & Emergency Information Form

Lincoln Elementary 2020-2021

(Please return completed form, with payment, to the office before participation.)

September 8, 2020- May 13, 2021

Child's Name: _____ Grade: _____ Teacher's Name: _____

Parent/Guardian Name: _____ Child's birth date: _____

Home Address: _____ City: _____ Zip: _____

Parent contact phone # 1: _____ 2: _____

Emergency Contact 1: _____ Phone Number: _____

Emergency Contact 2: _____ Phone Number: _____

My child has permission to (mark all that apply):

walk home (only at 4:30 time)

be picked up by adult listed below

*Students who remain until 5:30 must be signed out by an adult each day. There is a policy regarding late pick-ups, please read the parent handbook.

The following have permission to pick up my child from After-school programs:

Other information: (allergies, food sensitivities, medications, medical conditions or disabilities, behavioral, special instructions, etc....) _____

Physician's Name: _____

I hereby give permission for _____ to participate in the Cache County School District REACH program. As parent/guardian, **I have read the handbook or program materials and discussed the program with the participant.** I recognize that there is an element of risk associated with the program and I acknowledge my acceptance of that risk by participation. In the event of an emergency, I give permission for emergency medical treatment to be administered to my child. I also acknowledge that accessibility or use of tobacco, alcohol, illegal substances or sexually explicit materials are prohibited by any person anywhere on the premises. I agree to hold harmless from any claim the Cache County School District and its school sites where my child is in participation in REACH or other Afterschool programs. As a parent/guardian, I am responsible for providing transportation promptly at 5:30 pm or the ending time designated by the site. **Parents will NOT be contacted if a child is not in attendance. I am responsible for contacting site personnel of any changes in my child's attendance.** I also hereby consent to allow my child's picture and/or likeness to appear in any official documentary, promotional, exclusive television, radio or film coverage of the Cache County School Districts publications in any manner incidental to participation in the activity of the Cache County School District programs without compensation.

Parent/Guardian Signature: _____ Date: _____

Please mark sessions:

Fee Schedule: K-6th grades

One time yearly registration fee is due at time of registration

Fee waivers and sliding scales payments are available in the office

- Early Bird Club (8:00 -9:00a.m.) \$40 _____
- Homework Help (2:50-4:30) \$40 _____
- Adventure Club (4:30-5:30) \$50 _____

Staff use only: Amount Paid _____ Fee Waiver _____ Date _____ Staff _____
Cash check #