

RSU 54/MSAD 54  
After School Program 2011/2012  
Registration and Permission Form

Student Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Town: \_\_\_\_\_

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Team: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Parent(s) or Legal Guardian(s):

Mother: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Contact: \_\_\_\_\_

Please list any known **allergies** your child has, especially food, and treatment procedures:

\_\_\_\_\_

My child will need **bus transportation** home from the program. **(Circle one)** Y N  
The late bus has drop off points at your local school. Bus Leaves  
School at 5pm. **Town:** \_\_\_\_\_

My child may **walk** home from the program. **(Circle one)** Y N

I give permission for **photographs** to be taken of my child  
For program newsletter, school publications, and program publicity. **(Circle one)** Y N

I give permission for my child to use the **Internet** including web  
research and allowable game sites. **(Circle one)** Y N

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**This program has enrollment limits. Once filled, students will be placed on a waiting list.**

Are there any other expectations or concerns you have regarding you child's participation in this program?

\_\_\_\_\_

**Emergency Information:** Give the names if at least 2 people to contact if parent is not available.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**All forms MUST be filled out completely before your child can begin.**