

2018-2019
After School Extended Care (ASEC) Registration

*PLEASE do not register for ASEC unless you intend to use the program on a regular basis.
Registrations are used to determine our staffing needs. Registrations are accepted
throughout the year if needed.*

Enrollment Deadline: Friday, August 10th

*forms turned in after August 10th may cause a delay in your child's ASEC start date

ASEC Hours: Dismissal - 5:30

ASEC will begin on MONDAY August 27, 2018 for ALL GRADES Preschool - 8

Registration Information:

(Information and ASEC forms can be found on our website: www.blessedsacramentholyoke.org)

Parent/Guardian Name _____

Home Address _____

Home Phone # _____ Work# _____ Cell# _____

Child's Name _____ Grade _____ Child's Name _____ Grade _____

Child's Name _____ Grade _____

Days needed:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Pick up time:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

****To allow for proper staffing, please be accurate when listing needed days and pick-up times.***

A \$10 per family non-refundable activity fee is due when returning this enrollment form.

The following information must be received by August 10th:

- 1) ASEC Registration Form**
- 2) ASEC Emergency Information Form**
- 3) \$10 registration/activity fee per family**

I have read the 2018-2019 information and guidelines along with the behavior policies for After School Extended Care and I understand the ASEC procedures.

Parent/Guardian signature _____ Date _____

Student signature _____ Date _____

ASEC Emergency Information Form

****Complete only if registering for ASEC****

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throughout the year if needed.*

**Please return both forms by August 10th (deadline) in order to be able to utilize ASEC on the first day.
ONE PER FAMILY**

Child's Name _____ Grade _____ Child's Name _____ Grade _____

Child's Name _____ Grade _____

Parent/Guardian First & Last name _____, _____
Parent/Guardian #1 Parent/Guardian #2

Home Address _____
Parent/Guardian #1 Town

Home Address _____
Parent/Guardian #2 Town

*Please mark **yes** on this line if both parents can pick up child from ASEC Program _____

***Please **prioritize** which # you want us to call first by placing #'s 1 – 5 before each #.

___ Home Phone # _____ Par./Guar. #1 ___ Home Phone # _____ Par./Guar. #2

___ Cell # _____ Par./Guar. #1 ___ Cell # _____ Par./Guar. #2

___ Work # _____ Par./Guar. #1 ___ Work # _____ Par./Guar. #2

Emergency Contact #1: _____ Relation _____ tel. # _____
(Other than parent)

Emergency Contact #2: _____ Relation _____ tel. # _____
(Other than parent)

List of people with permission to pick-up your child(ren)

Pick-up people, who are on this list, that are unfamiliar to the ASEC staff will be asked to show their ID in order to make sure each child remains safe. Please inform your pick-up people of this procedure.

There is no need to list the name of parents on the list below. Unless stated otherwise, it is understood that both parents will be allowed to pick up his/her child(ren)

1. _____ Relation _____

2. _____ Relation _____

3. _____ Relation _____

4. _____ Relation _____