



2024-2025 After School Program Registration Form

Child's Name: _____

Birthdate: _____ Grade assigned for 2024-2025: _____

Parent/Guardian Name: _____

Address: _____

Email address: _____

Best phone number to contact you during program hours: _____

Days attending: Monday Tuesday Wednesday Thursday Friday

I wish to have my child registered for the After-School Program for the 2024-2025 school year. I understand that ASP is a tuition-based program and I will be responsible for paying all cost associated with the program. If I choose to withdrawal my child from the program, I must submit a written withdrawal request or I will continue to be billed for the program. All students must be pre-registered, have completed all paperwork and no outstanding balance on their ASP account prior to attending. A \$5 registration fee will be added to your child's first bill.

Parent/Guardian Signature

Date

Scholarship Information Release

Reduced tuition rates are available to families whose income qualifies for free or reduced lunch. To qualify for the scholarship rates, families must have a current Education Benefits form on file with FPS Nutritional Services Department and grant permission to the FPS Nutritional Services Department to release the information

My child receives free or reduced lunch and I give permission for the FPS Nutritional Services Department to verify my child's eligibility for purposes of this scholarship.

Parent/Guardian Signature

Date

Financial Responsibility Agreement

I understand that ASP is a tuition-based program, and I am responsible for paying all tuition payments and other related ASP fees. A late payment fee of \$5 to be applied to any account with an outstanding balance of \$25 or more at the end of the month. If my account is more than 30 days past due, my child will not be able to attend until the past due balance is paid. Repeated suspensions for non-payment may result in termination of ASP services

Parent/Guardian Signature

Date

Child Information

Does your child receive special education services? _____

If yes, please provide details of his/her needs and/or accommodations

Does your child have any behavior or other issues that we should be aware of that may have to be addressed at ASP?

Good Health Statement

I certify that my child _____ is in good health and can participate in all ASP activities unless noted below under restrictions.

I certify that my child's immunization records are up-to-date and that an immunization record or appropriate waiver is on file with the school office:

Please list any restrictions below:

Parent/Guardian Signature

Date

Photo/Video Release

I give my permission for pictures to be taken of my child for possible use in the following ways: News Media, Movies, Television, Public Relations, Web pages for Fremont Public Schools and Child Care Services, classroom activities to be shared with all families in the center.

Facebook: _____ YES _____ NO

All Others: _____ YES _____ NO

Parent/Guardian Signature

Date