

# ASTEP 2019 Student Registration Form

Student Name: \_\_\_\_\_

Teacher Name / Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Does student have any allergies?      YES      NO

\*As ASTEP is not a school sponsored function, the school nurse/office is NOT open or available during ASTEP classes. Any student medical needs must be discussed with ASTEP volunteers prior to beginning of classes.

Class #	Day	Class Title	Cost

**The ASTEP Program ends promptly at 4:45. If student is not going to School Plus at this time, a parent MUST come inside the school to sign out their student. Children WILL NOT be permitted to walk home.**

△My child will go to School Plus at 4:45.

△I will pick up my child at 4:45. **Pick-up is inside the school.**

Parental Consent:

- 1) I hereby grant permission for my child, named above, to participate in the Hayden Meadows ASTEP Program and hereby release and do not hold liable Hayden Meadows Elementary School or the Hayden Meadows PTO from claims of any kind for damage or injuries received while participating in said Program.
- 2) **Pick up is at 4:45.** If I fail to arrive by this time, my child will be sent to school plus and I will be charged.
- 3) My child will abide by the school Code of Conduct or be asked to leave the class with no refund.

Parent Signature: \_\_\_\_\_ Email: \_\_\_\_\_

**For PTO use:**

Student Name: \_\_\_\_\_

Total Due: \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Rec'd By \_\_\_\_\_ Date \_\_\_\_\_