

**GREENVALE AFTER SCHOOL PROGRAM
SPRING 2012 REGISTRATION FORM**

Childs Name: _____ Teacher/Grade: _____

Parent Name: _____

Home Phone: _____ Cell Phone: _____

Access to e-mail: Y/N e-mail address: _____

Medical problem(s) and/or special needs (all allergies): _____ **Initial**

Emergency contact: _____ Phone: _____
Should be someone who is local and can be reached during the day in case of emergency or the unexpected cancellation of a club.

I the undersigned hereby release the Greenvale PTA employees and volunteers of any liability whatsoever in connection with any damages and/or injuries that the above named child may sustain as a result of participation in the Greenvale After School Club Program (ASC). I also give permission for my child to receive emergency medical treatment in the event that I cannot be reached. I accept and agree to the Greenvale PTA Club **Procedures & Protocol** as outlined in the on-line ASC **SPRING 2012 Brochure**.

Parent Signature: _____ Date: _____

	Club Name	Day	Fee\$	Check#
1 st Club				
Alternate				
2 nd Club				
Alternate				
3 rd Club				
Alternate				
4 th Club				
Alternate				
5 th Club				
Alternate				

Remember to provide alternate options in the event that the first choice(s) is full or cancelled.

All checks should be attached to the form. Make checks payable to Greenvale PTA. Unused checks will be voided and returned to you via your child backpack.

