



# Town of North Collins Recreation Department Sign Up Sheet for After School Program

First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ NCREcl: \_\_\_\_\_

Last Name: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Bus No.: \_\_\_\_\_

Family Name: \_\_\_\_\_ Medical Info: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

State: \_\_\_\_\_ Health Insurance: \_\_\_\_\_

Zip: \_\_\_\_\_ Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Epipen: Yes No Sunscreen: Yes No

Email: \_\_\_\_\_ Allergies: \_\_\_\_\_

## Emergency Contact and Child Pickup please print clearly

First Name:	Last Name:	Phone:	Work Phone:	Relationship:	Allowed to Pick Up:
1.					Yes No
2.					Yes No
3.					Yes No
4.					Yes No
5.					Yes No
6.					Yes No
7.					Yes No
8.					Yes No
9.					Yes No

Group Requested:

Student can only attend ASP the days assigned to in-person learning at school

Monday

Thursday

Tuesday

Friday

Student must pay for both days even if only attending one day of their group assignment.

Anticipated Pick Up Time: \_\_\_\_\_

Paid: \$ \_\_\_\_\_ By / ck#: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_