

School District of Ashland

K-5

**Lighted School House After School Program  
Registration 2018-2019**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Mother/Guardian

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

Work # (\_\_\_\_) \_\_\_\_\_ Cell Phone#: (\_\_\_\_) \_\_\_\_\_

Father/Guardian

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

Work # (\_\_\_\_) \_\_\_\_\_ Cell Phone#: (\_\_\_\_) \_\_\_\_\_

**Information Optional** - Does your child qualify for the National School Lunch Program?

No (\_\_\_\_) Reduced (\_\_\_\_) Free (\_\_\_\_)

**Fees and Center Hours - scholarships available (contact director)**

\$60/quarterly or \$30/quarterly (for students receiving free and reduced lunch)

Annual discount rate of \$220 or \$100 must be paid by 10/1/2018 - no refunds

Payments are due at the beginning of each quarter.

\*Inability to pay will not be a barrier for your child to attend the program- contact the Director for more information.

Payments can be made online @ Ashland School District or given to the Director.

**Academic achievement is vital to our program.**

**Our program runs from 3-5:30 pm. Mon-Thurs.**

**Students are required to stay at the program until 4:50p.m.** Exceptions will be made but you must notify the director 2 day prior. **Pick-up time is from 4:50p.m.-5:30p.m.** Please phone 682-7827 ext.3013 or text (715)292-2037 if your child can not attend on a registered day. **If your child misses five or more registered days a call to confirm your intentions to remain in the program will go home. If there is no response his/her space may be assigned to a child on the waiting list.**

## Transportation

**An evening bus is available at Lake Superior Elementary.**

**Please check one:**

\_\_\_\_\_ I will pick my child up from the center

\_\_\_\_\_ My child will take the bus/activities van.

**Child custody** - In most cases, when parents are divorced, both parents continue to have equal rights where the children are concerned. If one parent has a court order that limits the rights of one parent in matters such as custody or visitation, a copy must be brought to the site director.

**Emergency Contacts:** \*\*\*Please fill in all 3 emergency contacts

**Adults who are to be contacted when parents cannot be reached and who are able to pick up child .**

Please list names and phone numbers of adults able to be contacted if a parent cannot be reached in case of an emergency, identify if this person can also pick up and sign out your child from the program.

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

Relationship: \_\_\_\_\_ Add to safe Pick Up List

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Relationship: \_\_\_\_\_ Add to safe Pick Up List

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

Relationship: \_\_\_\_\_ Add to safe Pick Up List

**Anyone not added to  
the safe pick up list will  
NOT be permitted to  
sign your child out of  
the program.**

### **LIABILITY CLAUSE**

I hereby indemnify and hold harmless the School District of Ashland Lighted School After School Center and its employees and volunteers from any claims, damages, actions, causes of action arising from or resulting from any bodily injuries, the effects thereof, or losses and damages arising there from, incurred or suffered by my child while in the program facility or engaged in any program-sponsored activity. \_\_\_\_\_(initial)

### **PHOTOGRAPHY RELEASE**

I acknowledge that photographs may be taken of my child either in the center or engaged in program-sponsored activity in other locations and hereby consent to the use of such photographs by the program in written material, press releases, and on the School District of Ashland website. \_\_\_\_\_(initial)

### **MEDICAL RELEASE & AUTHORIZATION**

I understand that my child may become ill or injured and that it may be impractical to notify me prior to: (a) administering first aid and/or (b) securing medical attention. I authorize the center and its employees to render first aid and/or seek such emergency medical attention and authorize any physician or hospital selected by the center to provide emergency services. I authorize Lighted School House staff to access my child's school health records as necessary. \_\_\_\_\_(initial)

### **EDUCATIONAL PROGRAMMING**

The Ashland Lighted School House After School Center collaborates with teachers to improve academic achievement. Grant reporting requires grades, attendance records, and other information for all participants.

I provide the Lighted School House Program Director and Site Directors permission to access my child's Skyward account. I authorize directors to speak with school personnel regarding academic and/or personal progress. \_\_\_\_\_(initial)