



**NORWALK PUBLIC SCHOOLS**  
**After the Bell**  
**2019-2020 Enrollment**

Internal Use Only

Enrollment Date: \_\_\_\_\_

Reg Fee \_\_M\_\_ T\_\_ W\_\_ Th\_\_ F\_\_

AM \_\_ PM \_\_ Red \_\_ Free \_\_ 1st Ck # \_\_\_\_\_

Monthly Fee: \_\_\_\_\_

**Please Select your School Location Below:**

- Brookside     Cranbury     Jefferson     Kendall     Marvin
- Rowayton     Silvermine     Tracey     Wolfpit

**Child 1:**

Child's Last Name: \_\_\_\_\_

Child's First Name: \_\_\_\_\_

Entering \_\_\_\_\_

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

Child's Birth Date: \_\_\_\_\_

Child's Sex (M or F): \_\_\_\_\_

Home Phone #: \_\_\_\_\_

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

Zip Code: \_\_\_\_\_

Parent or Guardian Last Name: \_\_\_\_\_

Parent or Guardian First Name: \_\_\_\_\_

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

Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Email Address: **\*\*REQUIRED\*\*** \_\_\_\_\_

Child lives with (check one): \_\_\_\_\_

Both Parents     Mother     Father     Guardian     Other \_\_\_\_\_

**Child 2:**

Child's Last Name: \_\_\_\_\_

Child's First Name: \_\_\_\_\_

Entering Grade: \_\_\_\_\_

Child's Birth Date: \_\_\_\_\_

Child's Sex (M or F): \_\_\_\_\_

**Child 3:**

Child's Last Name: \_\_\_\_\_

Child's First Name: \_\_\_\_\_

Entering Grade: \_\_\_\_\_

Child's Birth date: \_\_\_\_\_

Child's Sex (M or F): \_\_\_\_\_

**Enroll my child(ren) for:**

- Morning
- Afternoon
- Both AM & PM

**My child(ren) will require care:**

- Every day; **OR**  Monday
- Tuesday
- Wednesday
- Thursday
- Friday

**Please check one:**

- My child will NOT qualify for free or reduced price lunch
- My child WILL qualify for reduced price lunch
- My child WILL qualify for free lunch
- Not sure

**Medical Information:**

Does child 1 have any allergies?    Yes     No

Does child 2 have any allergies?    Yes     No

Does child 3 have any allergies?    Yes     No

If yes, to what? \_\_\_\_\_

**IN CASE OF EMERGENCY:**

Child's Physician(s): \_\_\_\_\_

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

Please describe any of your child's medical conditions that we should be aware of:

\_\_\_\_\_

\_\_\_\_\_

**I hereby give permission for any medical professional listed above to authorize treatment in an emergency situation when I cannot be located.**

Signed by Parent or Guardian: \_\_\_\_\_

**Please list the names and phone numbers of three (3) adults who have permission to pick up your child(ren) and respond in an emergency if we cannot locate any adult listed on the front of this form.**

Name: _____	Name: _____	Name: _____
Relationship: _____	Relationship: _____	Relationship: _____
Work phone #: _____	Work phone #: _____	Work phone #: _____

**Only persons listed will be permitted to pick up and transport your child(ren). If other arrangements have been made for pick-up, you MUST send a note to school with your child(ren) to be given to the child care staff or your child's homeroom teacher. If there is someone who should NOT pick up your child, please let us know.**

**After the Bell is part of the Norwalk ACTS.**

**Records Release:** I, \_\_\_\_\_ (parent/guardian) give permission for the Academic Records of my child(ren) listed above to be released to the **After the Bell Program** as well as **Norwalk ACTS** to aid in the overall educational development of my child(ren).

This information will be used in conjunction with other survey data, treated anonymously and maintained in electronic files with strict confidentiality.

**Parent/Guardian Signature:** \_\_\_\_\_

**Parent Consent for Transfer of Confidential Information:** I hereby request the Norwalk Public Schools to release the following information to the **After the Bell Program** as well as **Norwalk ACTS** regarding my child(ren) listed above to include but not limited to School Performance Reports, Standardized Test Scores, Transcript and cumulative record data, SASID# (10 digit State ID #) \_\_\_\_\_ (if known)

**Parent/Guardian Signature:** \_\_\_\_\_

**Parent Consent for Completion of Surveys:**

I give permission to allow my child(ren) to fill out surveys. I understand that my child(ren) can discontinue participation in these surveys at any time.

**ALL INFORMATION WILL BE KEPT CONFIDENTIAL.** I understand that some of the collected information may result in data publication, but that all responses will be treated as confidential and will be reported as a group. Details about individuals or families will be kept confidential and not disclosed.

**Parent/Guardian Signature:** \_\_\_\_\_

**The After the Bell Program and Norwalk ACTS has my permission to take photographs of my child for program materials and publications.** \_\_\_\_ Yes \_\_\_\_ No

I / We will be responsible for paying the monthly fees for the program.

**Parent/Guardian Signature:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Instructions:**

\* **ALL sections of this form must be completed, signed and returned to your program director including the \$70.00 Family Registration Fee for the 2019-2020 School Year**

\* **Checks should be made payable to Norwalk Public Schools - AFTER THE BELL and can also be mailed to:**

Norwalk Public Schools  
After the Bell Program  
125 East Avenue, Room 324  
Norwalk, CT 06852  
Fax: 203-803-4822

**ACCEPTED FORM OF PAYMENT:** Check (Your check should clearly identify your child's first and last name.)  
Money Order

**YOUR CHILD WILL BE ENROLLED ONCE YOU COMPLETE, SIGN AND RETURN THIS FORM WITH the \$70.00 Registration Fee and Monthly Fee.**

**\*\*Please Note: All past due fees must be paid before your 2019-2020 Registration will be accepted\*\***