



NORWALK PUBLIC SCHOOLS
After the Bell
2018-2019 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 \$50.00 Family Registration Fee for the 2018-2019 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 \$50.00 Registration Fee and Monthly Fee.

****Please Note: All past due fees must be paid before your 2018-2019 Registration will be accepted****