

(Name) Afterschool Enrollment Form

NAME _____ GRADE _____

ADDRESS _____ BIRTHDATE _____

_____ PHONE _____

PARENT NAME _____ PHONE _____

EMERGENCY CONTACT _____ PHONE _____

I give my permission for my child, _____, to participate in the afterschool program.. I/We staff will do all possible to provide for the safety of my/our child. In the event of an accident in which my/our child is injured, I/we give my/our express consent for the staff to obtain medical treatment.

Parent Signature

Date

I hereby consent to the use of photographs/videotape taken during the course of the afterschool program for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

___ Yes, I give consent to photograph my child for school purposes and/or at school events.

___ No, I do not authorize to photograph for my child for any event.

Parent Signature: _____ Date: _____

Student's Name: _____