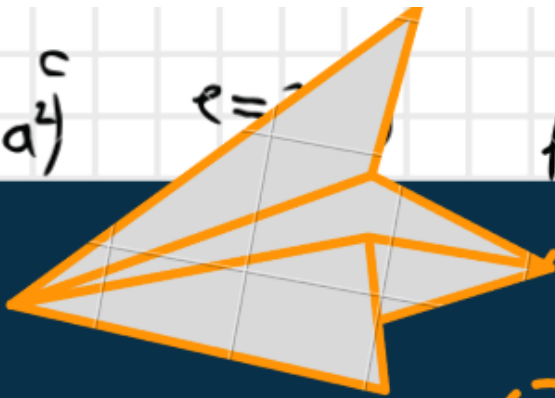


B $\frac{1}{\sin} \text{ctg} x - 2$ Q'' $\int (x \pm a^2)^c$ $e = ?$ $A - C =$



AFTER SCHOOL PROGRAM

Del Norte After School Program provides a safe and positive environment for children in grades 1-6. Each day, we offer an hour of focused homework time, daily outside games and activities, healthy snacks, and much more!

Visit www.delnortecub.com for a printable registration packet.
For inquiries or to register your child email sarahe@delnortecub.com





After School Program 2019 Registration Form

After School Program(ASP) runs from 3:00-6:00pm Mondays through Wednesdays and Fridays and from 1:30-5:30pm on Thursdays.

Registration Type:

_____ Monthly Rate for Del Norte Members: **\$195**

_____ Monthly Rate for Non-Members: **\$245**

_____ Drop-in Rate for Del Norte Members: **\$20/day**

Please circle which day(s) you would like to drop in– **M T W Th F**

_____ Drop-in Rate for Non-Members: **\$30/day**

Please circle which day(s) you would like to drop in– **M T W Th F**

Student Information (Please Print):

Child's Name: _____ School Name: _____

Age: _____ Grade: _____ D.O.B: _____

Parent's Name(s): _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Email Address: _____

Yes! I would like to receive monthly emails with reminders of holiday breaks and monthly snack calendars.

Parent Signature: _____ Date: _____

After School Program Emergency Form

Child's name _____ M / F Date of Birth _____

Address _____

Parent's Name _____ Home phone _____

Work phone(s) _____ Cell phone _____

If my child is ill or has an emergency and I cannot be reached, please contact:

Name _____ Phone _____

Name _____ Phone _____

Person, other than parents, that is authorized to pick up child from club:

Name _____ Relationship _____

Please mark any of the following that apply to your child:

Epilepsy: ____ Heart Condition: ____ Nose bleeds: ____ Migraines: ____ Asthma: ____

Allergies: Bee Stings: ____ Peanuts: ____ Medication (Please describe): _____

Physical Limitations: _____

Medications: _____ Current Dosage: _____

Name of Insurance: _____ ID # _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Any other health problems we should know about to assure your child's well being?:

I hereby give my permission for my child, _____, to participate in the Del Norte After School Program. In consideration for participation in this program, I release Del Norte, its owners, agents, and employees from any and all liability that may arise as a result of accident or injury during to the program. In the event of a medical emergency, I give permission for a physician to provide the needed medical care for my child.

Parent/ Guardian Signature

Date

Additional Information

*Participants and their families in the program must consent to the following rules and requirements:

Payment & Cancellation: All payments will be charged to the Primary Member's account on a monthly basis. For alternate forms of payment, please contact the Program Director. Cancellation requests must be made in person 30 days prior to last day of attendance.

Late Policy: ASP closes at 6:00pm Monday through Wednesdays and Fridays and at 5:30pm on Thursdays. Students must be picked up on time or a late fee will be charged.

Emergency Form: All participants must have completed emergency/waiver forms on file in order to attend the program.

Behavior and Discipline Policy: Children must abide by the rules and regulations already in place at the Club. In addition, children must follow directions, respect counselors and other children, and actively participate in the program. Discipline will include verbal warnings, written warnings, and if severe enough, suspension or termination from the program.

Refreshments & Snacks: We provide one daily snack for the students. The snack bar is open year round for additional snack purchases.

Attendance: Students must be signed in and out by a guardian or program staff. Children may not sign themselves out and leave without prior approval to Program Director from parents.

Absences: Please notify the club or program staff if your children will be absent. Advanced notice is preferred, but in emergency cases (child is sick), call club if possible to let staff know. There are no refunds for absences.

Holidays: ASP follows the San Juan Unified School District Schedule. There will be no program on school holidays. We will have staff available during minimum days or days with early dismissal. Lunch will not be served on early days, please make sure your child brings a lunch.

What to bring daily: Children are required to bring their homework on a daily basis. Each child should also bring a book or other quiet activity should they finish early, or not have any homework to complete. Tennis shoes and a water bottle are recommended, as students will be active during games.

Contact Informations: Please contact our Children's Director, Sarah Eaton, at sarahe@delnortclub.com with any questions.