

# ASA Re-enrollment Form for 2010-2011

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

School Attending in Fall 2010: \_\_\_\_\_ Grade in Fall 2010: \_\_\_\_\_

## ATTENDANCE OPTIONS:

MY CHILD'S ATTENDANCE SCHEDULE: (Please <input checked="" type="checkbox"/> all programs & days your child will be attending)					
PROGRAM	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<input type="checkbox"/> <b>Before School Adventure:</b> <b>6:45–9:30 a.m.</b>					
<input type="checkbox"/> 4-5 Days (please <input checked="" type="checkbox"/> days)					
<input type="checkbox"/> 2-3 Days (please <input checked="" type="checkbox"/> days)					
<input type="checkbox"/> <b>Kinder Adventure (Kindergarteners):</b> <b>6:45 a.m. – 6:15 p.m.</b> (KA is available on days listed below)					
<input type="checkbox"/> Wed./Fri. (& every other Monday)					
<input type="checkbox"/> Tues./Thurs. (& every other Monday)					
<input type="checkbox"/> <b>After School Adventure:</b> <b>3:30–6:15 p.m.</b>					
<input type="checkbox"/> 4-5 Days (please <input checked="" type="checkbox"/> days)					
<input type="checkbox"/> 2-3 Days (please <input checked="" type="checkbox"/> days)					

***I understand that I will be responsible for payment based on the above schedule.  
Any changes must be made before September 1, 2010, and must be submitted in writing.***

## CONTACT INFORMATION: Please make careful note to address and phone number changes.

PARENT / GUARDIAN INFORMATION	
Name: _____ Relationship to Child: _____	
Circle Applicable Description:      Divorced      Married      Partner      Separated      Single      Widowed	
Address: _____	
City _____ Zip _____	Home Phone: _____
Work Place & Phone: _____	
Cell Phone: (M) _____ (D) _____	

EMERGENCY CONTACT INFORMATION	
Name: _____	Day Phone: _____
Relationship: _____	Evening Phone: _____
Name: _____	Day Phone: _____
Relationship: _____	Evening Phone: _____

AUTHORIZED PICK-UP INFORMATION
<input type="checkbox"/> Information <u>has not</u> changed from previous forms. <b>Initial</b> _____
<input type="checkbox"/> Information has changed and parent will make appropriate updates to child's file. <b>Initial</b> _____

