Before and After School Program Student Application / Enrollment Form CASWELL COUNTY SCHOOLS

Student's Nar	ne:		Date:		
Grade	School:	nool:		Teacher:	
	Parent(s) / G	uardian(s) Contact I	nformation		
Name:		Name:			
Address:		Address:	Address:		
Home Phone:		Home Phone:	Home Phone:		
Work Phone:		Work Phone:			
	ployed with Caswell County Sci twould be half of the regular price bel			NO	
3.7		Options (Please Check			
Note: All program costs are calculated on a weekly		,			
	Before School Prog	, , , , , , , , , , , , , , , , , , , ,	\$20.00 MAX	Weekly Rate	
	After School Progr	ool Programs (BOTH)	\$40.00 MAX \$60.00 MAX	Weekly Rate Weekly Rate	
Parante	must pay each week or studen	0 \		J	
		lditional Contact person		I 8	
Any other person	(s) who has your permission to pick u		t be reached. Include	those with your permission to b	
Name:	Addres	SS:	Telephone:		
Doctor's Nam	ne: Addre	ss:	Telephone:		
	,				
Does the stud	ent have any allergies (includir	ng food allergies) - Please l	ist below		
Are there any	special health concerns/condi	tions? If yes, please list be	low		
Currently tak	ing any medications? If yes, pl	ease list below			
	nat the guidelines and rules of the comply with the guidelines may re	e e		l by. I also understand	
Signature:			Date:		