



**Chico Unified School District 2017-2018
ASES/ 21st CCLC Intersession
June 11 – June 29, 2018, 8:00 to 12:30**



Name _____ ID# _____

Parent/Guardian Name _____

Address _____ City _____ Zip _____

Current School _____ Date of Birth _____ Age _____

Grade in 2017-2018 _____

Home Phone _____

List of restrictions of treatment _____

Doctor's Name & Phone Number _____

Father's Name: _____ Work Phone: _____ Cell Phone: _____

Mother's Name: _____ Work Phone: _____ Cell Phone: _____

Person other than parents we may contact in case of an emergency: 1. _____ / _____
(And may this person pick up your child?) Yes/ No Name Phone

Person other than parents we may contact in case of an emergency: 2. _____ / _____
(And may this person pick up your child?) Yes/ No Name Phone

NAMES OF PEOPLE OTHER THAN YOURSELF WHO MAY PICK YOUR CHILD UP

Name: _____ Relationship to child: _____ Phone: _____

Name: _____ Relationship to child: _____ Phone: _____

Name: _____ Relationship to child: _____ Phone: _____

Name: _____ Relationship to child: _____ Phone: _____

Child may sign him/herself out **after 12:30** and Walk/Ride home _____ Yes _____ No

Is your child on any type of medication? _____

Please list any behavioral/medical conditions we should be aware of _____

Please list any allergies: _____

We understand that our child must be picked up promptly at the end of the program. There is a late pick-up fee of \$1 per minute. This is an optional program, students with behavior problems will be dropped from the program.

Parent/Guardian must sign before enrollment is possible.

Signature _____ Date _____

Registration: Pre-register with your After School Program Coordinator or home school office personnel for Intersession. Free Breakfast & lunch provided!