

ASPLEY STATE HIGH SCHOOL

AFTER SCHOOL PROGRAM ENROLMENT FORM

Students Name	
Year Level	

The after school program only operates on school days. The program costs \$2.20 per hour.

Start Date: _____ **Frequency (e.g weekly, fortnightly):** _____ **End Date:** _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Please ✓ required days					
Please indicate times on the required days					
*please note that if you wish to change the days or times listed above you will need to complete a Change of Enrolment Form					

Only the persons listed below will be able to collect enrolled students from the After School Program. No student will be released unless the caregiver is listed below. Please provide details:

Name	Relationship to student	Mobile Phone Number

PLEASE LIST ANY MEDICAL DETAILS BELOW:

PHYSICAL LIMITATIONS OR MEDICAL CONDITIONS WHICH MAY BE RELEVANT TO PARTICIPATION IN THIS ACTIVITY:

DRUG ALLERGIES:

FOOD ALLERGIES:

IS YOUR CHILD ON MEDICATION? PLEASE GIVE DETAILS OF CURRENT DOSAGE AND REQUIRED DOSAGE IN EMERGENCIES.

I give my permission for my child to participate in this activity and agree to pay all fees for the program by their due date. I understand that the Dept of Education does not have personal accident insurance coverage for students. I understand that the teacher aide in attendance will undertake the necessary supervision of students while carrying out the planned itinerary. I authorise the teacher/s in attendance, where it is impracticable to communicate with me, to consent to my child receiving such medical or surgical treatment as may be deemed necessary. Furthermore, I agree to meet any medical or hospital expenses that may be incurred on account of my child's possible injury or illness.

SIGNED:

DATE:

PARENT/GUARDIAN NAME:

PHONE NUMBER:

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