

**Project SUCCEED 2019/2020 Registration Form**A 21st Century Community Learning CenterPhone: 603-447-6158 www.projectsucceed.com**Student Information**

Child's Name _____ Teacher/Grade _____ DOB _____

Child's Name _____ Teacher/Grade _____ DOB _____

Child's Name _____ Teacher/Grade _____ DOB _____

Parent Contact Information

Mother's Name: _____ Home#: _____ Cell#: _____ Work# _____

Father's Name: _____ Home#: _____ Cell#: _____ Work# _____

With whom does child live? _____ Relationship _____

Exact Street Address _____

Billing Address _____

PO Box # or Rural Route

Town

State

Zip

Email Address _____

The following people have permission to pick up my child from Project SUCCEED

1) Name: _____ Relationship: _____ Home#: _____ Cell#: _____ Work#: _____

2) Name: _____ Relationship: _____ Home#: _____ Cell#: _____ Work#: _____

3) Name: _____ Relationship: _____ Home#: _____ Cell#: _____ Work#: _____

My child **MAY NOT** be picked up by: _____ Relationship: _____**RELEASE: This release must be signed in order for your child to attend programs**

1. I give permission for emergency medical attention. Please list allergies, medications or medical conditions the staff should be aware of:

2. I understand some of the programs are off school grounds. I give permission for my child to leave school grounds and be transported if necessary.
3. I give permission for Project SUCCEED to confirm free and reduced lunch status with SAU#9 Food Services.
4. I understand photographs may be taken for publication purposes. I give permission for my child's photograph to be used.
5. I give permission for my child to view PG rated movies if shown during program hours.
6. I give my child permission to use the Internet in programs that include this use of technology.
7. I hold harmless and indemnify SAU #9 and its districts, and its officers, agents, employees, volunteers, and contractors from any and all claims, demands, causes of actions that arise from any unintentional or negligent act or omission or claimed intentional or negligent act or omission resulting from my student's participation in Project SUCCEED.
7. I understand that this form also serves as a registration form for any UNH Cooperative Extension 4-H programs offered through Project SUCCEED.

Parent/Guardian Signature_____
Date

Conway Elementary School ~ Contact 603-662-6166

Program Cancellation:

If the Afterschool Program has an unexpected cancellation you will receive a message using an automated telephone messaging system. The automated message will request that you call the Pine Tree School office at 447-3369 to let us know how your child will be getting home. Your assistance in this procedure is highly appreciated.

In order to better serve your child, the following information is needed:

Are special accommodations necessary for your child to participate in any activities?

_____ YES _____ NO

IF YES, please explain: _____

Does your child have special needs? _____ YES _____ NO

IF YES, Please specify: _____

ATTENTION PARENTS/GUARDIANS - Please initial in the spaces below to show that you have read and understand the following important notices about the PTS Before and Afterschool Programs:

_____ Registration is limited and on a first-come-first served basis.

_____ My child will not be able to attend unless a registration fee has been paid.

_____ I have read the Project SUCCEED Parent Handbook (available online at www.projectsucceed.com).

Sliding fee is based on free and reduced hot lunch federal guidelines. If the appropriate fee is not circled, billing will be based on a full pay scale. There is a yearly registration of \$15 per registrant or \$30 for a family of 2 or more children planning on attending the program. **The registration fee must be paid at the time of registration. Checks should be made out to Project SUCCEED. All information is confidential.**

PLEASE CIRCLE YOUR PAY SCALE:

	Full Pay Lunch	Reduced Pay Lunch	Free Lunch
MORNING PROGRAM	\$3.50 per Morning	\$2.00 per Morning	FREE
AFTERSCHOOL PROGRAM	\$7.00 per Afternoon	\$3.50 per Afternoon	FREE

PLEASE NOTE: There is an early drop-off fee and late pick-up fee charge of \$5.00 for every 5-minute increment your child is unsupervised before 7:45 AM and is supervised after 5:15 PM. You will be billed for this regardless of your sliding scale fees. Please be sure to be on time or make alternate pick up arrangements when necessary. Multiple late pick-ups will result in a suspension from program.

How would you like to be involved with Afterschool Programs? (Please check all that apply)

___ I will do my best to read all Project SUCCEED information that comes home regarding program changes

___ I will attend at least one Family Event during or after program hours throughout the school year

___ I am interested in volunteering in my child's Afterschool Program. Please send more info!

___ Please contact me about: Family Event Planning Donating Supplies Sharing a talent/hobby with youth

Office Use Only:

☐ \$ _____ Registration Fee Paid In Full (date) _____ (cash / chk# _____)

☐ Contacted Office and Site Director about other arrangements Note: _____