

Troy After School Program

2023-2024

Student Registration Form

Student(s) First Name _____ Middle _____ Last _____

Grade _____ Teacher _____

Physical Address _____

Parent/Guardian Name _____ Primary Contact Phone _____

Local Emergency Contact OTHER than parent:

Name _____ Phone _____

Persons Authorized to pick up Student:

Name _____ Relationship to student _____ Phone _____

Name _____ Relationship to student _____ Phone _____

Destination: On most days my child will: Walk Ride Bus Be Picked Up (please circle only one)

Bus Transportation: YES NO Bus Transportation Drop-off Address: _____

Bus transportation routes are limited and it may not be possible to transport your child directly to your home or regular bus stop.

Please call or send a note if your student will be doing something different after ASP than their normal routine

Parent/Legal Guardian Permission Form

As the parent or legal guardian of _____, I hereby give permission for my child to participate in the Troy After School Program. I release the Troy School District, employees, guest instructors and volunteers of liability for injuries incurred while participating in the program. I acknowledge that in any program involving activities and exploration, risks are involved. I have discussed safety issues with my child and understand that my child is responsible for following the behavior guidelines outlined by the school handbook. By signing below, I am stating that I have read and understand the above.

Parent/Guardian Signature

Date

Data Release:

The Troy After School Program is funded by a federal grant. In order to fulfill the requirements of that grant, it is necessary for information to be provided to the Montana Office of Public Instruction through a secure web site. This information is used to track the effectiveness of the After School Program. Information required by OPI includes: student name, grade level, ethnicity, attendance records, academic achievement and student enrollment in the Free Lunch Program. **Initial:** _____

Transportation for Field Trips:

I hereby give my child permission to travel on the Troy After School Program bus for field trips. **Initial:** _____

*****Please complete back side of this form*****

Waiver and Permission to Walk Home from the After School Program

It is the general policy of the Troy School District's After School Program (ASP), that all students are to be picked up from the after school program at **5:30** by an authorized adult. The authorized person must sign out the registered student. However, there are circumstances in which a parent/guardian prefers to give permission to the District/ASP for their child to walk home/leave the program without adult supervision. The purpose of this signed waiver slip is to give permission for your child to walk home after participation in the ASP **without** adult supervision.

By my signature below, I hereby give permission for the above named student(s) to walk home after participation in the Troy After School Program, which ends at **5:30**. I agree to waive all claims against the Troy School District, its Board members, employees and volunteers and hold the aforementioned harmless from any and all liability or claims, which may arise out of my child leaving the ASP without adult sign out or adult supervision.

Parent/Guardian Signature

Date

After School Program Behavior Contract

1st Behavior Violation = Verbal Warning to student and Parent

2nd Behavior Violation = Suspended from ASP for two weeks

3rd Behavior Violation = Suspended from ASP for remainder of school year

The 3rd behavior violation will result in removal of the student from the After School Program for the remainder of the school year.

In the case of a student harming or threatening harm to property, themselves, other students or staff, continually not following staff instructions, disrupting activities, or any other endangering behavior, the student may be immediately removed from the program without going through the order of violations listed above.

Misuse of computers will call for immediate removal of computer privileges for a certain period of time depending on the misuse.

Student Signature: _____

Parent/Guardian Signature: _____