



Town of North Collins Recreation Department Sign Up Sheet for After School Program

First Name: _____ Date of Birth: _____ NCREcl: _____

Last Name: _____ Teacher: _____ Grade: _____ Bus No.: _____

Family Name: _____ Medical Info: _____

Address: _____

City: _____ Preferred Hospital: _____

State: _____ Health Insurance: _____

Zip: _____ Doctor: _____ Phone: _____

Home Phone: _____ Dentist: _____ Phone: _____

Cell Phone: _____ Epipen: Yes No Sunscreen: Yes No

Email: _____ Allergies: _____

Emergency Contact and Child Pickup please print clearly

First Name:	Last Name:	Phone:	Work Phone:	Relationship:	Allowed to Pick Up:
1.					Yes No
2.					Yes No
3.					Yes No
4.					Yes No
5.					Yes No
6.					Yes No
7.					Yes No
8.					Yes No
9.					Yes No

Group Requested:

Student can only attend ASP the days assigned to in-person learning at school

Monday

Thursday

Tuesday

Friday

Student must pay for both days even if only attending one day of their group assignment.

Anticipated Pick Up Time: _____

Paid: \$ _____ By / ck#: _____

Parent/ Guardian Signature: _____ Date: _____

