

DVS PTA
After School Enrichment Program 2011
Enrollment Form/Parental Consent

Student Name

Grade and Teacher

Parent/Guardian Name

Home Phone

Email Address

Cell Phone

Please indicate class choices below in order of priority.

1st Class

2nd Class

3rd Class

Following class, my child will (please check one):

_____ go to Extended Day **OR** _____ be picked up by: _____ *

Name of person picking up child must be on this form and show picture ID! If their name is not on this form, we can not release child without Parent/Guardian consent!

PARENTAL CONSENT

I, the parent or guardian of the above-named child, hereby register him/her for participation in the After School Enrichment Classes at Derry Village School. I acknowledge that there is a risk of injury in any active program, I accept this risk, and release Derry Village School and its PTA, and the Afterschool Enrichment Program Volunteers from all responsibilities.

Parent Signature:

EMERGENCY MEDICAL TREATMENT

In the event of illness or injury permission is given to administer first aid for my child's relief. In case of an emergency, permission is given to take my child to the nearest appropriate emergency or clinic facility.

Name(s) of any medication currently taken: _____

Allergies: _____

Child's Doctor: _____ Doctor's Phone Number: _____