| Teacher: | Room #: |
|---|---------------------------------------|
| Work and Play DROP-IN REGISTRATION FORM 2017-2018 | |
| TODAY'S DATE: | DOUGLAS SCHOOL |
| This form must be delivered to the school office at the beginning of the school day for which the drop in is requested, otherwise the student will be dismissed according to his/her usual dismissal procedure. Please fill out the information below and indicate your method of payment. Please make checks payable to Douglas at Dawn/Dusk. The daily rate is \$11.55 per hour. Charges are calculated to the nearest half hour, with a one hour minimum. | |
| Checks should be made payable to Douglas at Dawn/Dusk. Please indicate method of payment below. | |
| Check for \$attached. Differences between calculated and actual fee will be invoiced monthly. | |
| By invoice at end of current month. | |
| HAS PERMISSION TO PARTICI (STUDENT'S NAME) WORK AND PLAY PROGRAM O | PATE IN THE DOUGLAS AT DAWN/DUSK N |
| (LIST DATE/S OF PARTICIPATION) | |
| FROMTOTOTO | |
| IN CASE OF EMERGENCY, PLEASE CONTACT | AT (PHONE NUMBER) |
| Food. Other Allergies | |
| Please be aware that the Douglas at Dawn/Dusk program does not have a school nurse on duty. It is important you communicate medical needs to our staff. | |
| Expectations for homework completion: All Some None | |
| I will not hold the Douglas at Dusk program liable for any injury or mishap sustained by my child. I agree to the Douglas at Dawn/Dusk policies posted on the Douglas website, including picking up my child/children at the time indicated above and agreeing to pay a late pickup fee after 6 pm. | |
| SIGNATURE | |
| (PARENI/GUARDIAN) | |
| NOTE: For pre-registered signup, please use the Monthly Registration form available at the Douglas School office or on the C. T. Douglas School website (http://douglas.abschools.org/). Work and Play staff can be reached at 1-508-596-0585 during program hours. | |