

Teacher: _____

Room #: _____

Work and Play -- DROP-IN REGISTRATION FORM -- 2018-2019

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. The daily rate is \$12.00 per hour. **Charges are calculated with a one hour minimum.**

Checks should be made payable to **AB Community ED**. 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.

(STUDENT'S NAME) HAS PERMISSION TO PARTICIPATE IN THE DOUGLAS AT DAWN/DUSK
WORK AND PLAY PROGRAM ON

(LIST DATE/S OF PARTICIPATION)

FROM _____ TO _____
(Daily between 3:20 PM AND 6:00PM / Early release **Thursdays** between 12:50 PM and 6:00 PM)

IN CASE OF EMERGENCY, PLEASE CONTACT _____ AT _____
(PARENT/GUARDIAN, EMERGENCY CONTACT, ETC.) (PHONE NUMBER)

Food. Other Allergies _____ EPI Pen Supplied? Yes/No

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 _____
(PARENT/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.