

**Fairfax County Public Schools
Carson Middle School After-School Programs
Registration Form**

STUDENT NAME(print)_____ TEAM_____

Parent/Guardian Name:_____

Address:_____

Home Phone:_____ Cell:_____

Mother's work phone_____ Father's work phone_____

EMERGENCY INFORMATION:

Adult Contact:_____ Relationship:_____

Emergency Phone:_____ Cell:_____

Other Information:

Allergies: Insect bites Food Allergies(explain)_____

Medications:_____ Other:_____

After school activities will be a blend of homework assistance, tutoring, school clubs, community service, arts and crafts, recreation and sports. Students will be provided a small snack and transportation information below is indicated as follows:

<input type="checkbox"/> Monday 3pm-4pm Late Bus	<input type="checkbox"/> 5:45pm Parent Pick Up
<input type="checkbox"/> Tuesday NO LATE BUSES	<input type="checkbox"/> 5:45pm Parent Pick Up
<input type="checkbox"/> Wednesday 3pm-4:30pm Late Bus	<input type="checkbox"/> 5:45pm Parent Pick Up
<input type="checkbox"/> Thursday 3pm-4:30pm Late Bus	<input type="checkbox"/> 5:45pm Parent Pick Up
<input type="checkbox"/> Friday NO LATE BUSES	<input type="checkbox"/> 5:45pm Parent Pick Up

Please check the appropriated time the student will leave the school.

Continued participation in the After School Program is contingent on the student's attention to school behavioral guidelines. Student participation in the After School Program may be denied and parents may be asked to pick up their child if the guidelines, including chronic lateness to pick up are not followed.

I, (student's signature)_____ understand and agree to follow FCPS **Student Rights and Responsibilities**, the Carson School Rules and the Carson Bus Rules while participating in the After School Program.

I hereby grant permission for my child to participate in the Carson After School Program. I understand that participation by my child is complete voluntary, and that some of the planned physical activities may expose my child to some potential injury. I agree that, to my knowledge, my child is physically and medically able to participate in these activities. If any injuries do occur to my child, I also understand that school personnel will respond in the same manner that occurs during regular school hours.

Parent/Guardian Signature_____ Date_____

In case of early closing due to inclement weather or emergency conditions, all after school activities will be canceled and all bus students will be sent home on their regular buses.