



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

First Name: _____ Date of Birth: _____ NCREclId: _____

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:
					Yes No
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: _____