



Wolsey Wessington School 21st CCLC 2019-20 After School Program Enrollment Form

*Only 1 Enrollment form needs to be filled out per family

Student's Name	Grade	Age

Address: _____ Home #: _____

Mother's Name: _____ Cell #: _____

Father's Name: _____ Cell #: _____

Authorized to Pick Up your student from activities: _____

Email : _____

Emergency Information (All lines must be filled out below for licensing with the State of SD.)

Does your child(ren) have any physical or emotional limitations that would prohibit him/her from participating in their registered After School Program activities. **YES** or **NO**, If **YES**, please explain:

Is your child(ren) currently taking any medications or have any allergies or dietary restrictions? **YES** or **NO**, If **YES**, please indicate type of medication, the reason for the medication and how it is taken and/or detail any allergy or dietary restriction:

In the event of an emergency, please indicate the person(s) whom you would like contacted **other than yourself**:
_____ *(must be filled out)*

PARENT/GUARDIAN INFORMATION

RELEASE WAIVER OF LIABILITY – I, the undersigned parent/guardian, give permission for the below-named student to participate in any 21st CCLC & After School Program related activities. I hereby release, waive, discharge and covenant not to sue the Wolsey-Wessington School District, its directors, officers, agents and employees all for the purpose hereby referenced as “releases,” for all liability to the abovenamed student and/or undersigned, for any and all loss, injury, damage, and any actions, claims, demands, damages, costs or expenses therefore, which the above-named student or I may have against releases arising out of, or in any way connected with, the above-named student’s participation in any school-related activity. I also consent for emergency care for the above-named student’s if deemed necessary.

THIS IS A RELEASE OF LEGAL RIGHTS. READ BEFORE SIGNING.

Parent/Guardian Signature: _____ Date: _____

Permission to Walk/Bike Home: (If child will not be biking or walking home please **do not** fill out this area.)

I authorize my child(ren) to walk/bike home after their registered After School Program activities at _____ time.