



St. Louis Public Schools  
SLPS After School Programming

***AFTER-SCHOOL PROGRAM REGISTRATION FORM***

***2022-2023***

**\*ALL FORMS MUST BE COMPLETED**

**School Site:** \_\_\_\_\_

Student Name: \_\_\_\_\_

(First)

(Middle initial)

(Last)

Date of Birth \_\_\_\_\_

Enrollment Date \_\_\_\_\_

Grade Level Fall, 2022 \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Gender:  male  female

Home Address: \_\_\_\_\_

Number and Street

Apt. #

**(If your child is a bus rider, this home address is where he/she will be dropped off. Please make sure it is accurate.)**

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Age: \_\_\_\_\_

Special Needs or disabilities \_\_\_\_\_

Regular classroom or Homeroom teacher \_\_\_\_\_

**Brothers and Sisters Attending School**

Name	Grade
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Parent/Guardian Section ALL AREAS MUST BE COMPLETED**

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Parent/Guardian Name(s) \_\_\_\_\_

(Please Print)

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian E-mail Address \_\_\_\_\_

**Emergency Contacts / Authorized to pick up Student:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Extended Day Transportation Information**

**Transportation will be provided for students who ride the school bus during the regular school day.**

Parents are to make daily arrangements for non-bus riders to get home. **Please check one of the following for non-bus rider students.**

\_\_\_\_\_ My child will be picked up by \_\_\_\_\_.

(Name and Relationship)

\_\_\_\_\_ I will walk my child home

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Student must currently have a bus route to be eligible for bus transportation.**

**St. Louis Public Schools**

***EXTENDED DAY***

***MEDICAL INFORMATION AND CONSENT FORM***

***2022-2023***

Name of Student \_\_\_\_\_ Program Site \_\_\_\_\_

1. Please list any known health problems (such as **allergies**, diabetes, heart trouble, epilepsy or asthma, etc.) that we should be aware of.

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2. Please list any physical activities in which your child *should not* participate.

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3. Please list all foods that your child is **allergic** to and *should not* eat.

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4. Please list any religious restrictions regarding procedures that *cannot* be done for your child in emergencies/health care situations.

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**In Case of Emergency . . .**

Consent is granted to the staff of the Extended Day Program to provide medical services through the appropriate medical facilities and/or medical provider(s) to

\_\_\_\_\_ during the duration of my child's participation in the

(Student's Name)

Extended Day Program.

\_\_\_\_\_

(Signature of Parent/Guardian) (Date)

Emergency Contact (Other than parent): \_\_\_\_\_

(First Name)

(Last Name)

Daytime Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_ Cell Phone

Relationship to Student: \_\_\_\_\_

**Please complete this form and return it to your child's school/Extended Day program site.**

**St. Louis Public Schools**  
**After School Programming**  
**Academic Year 2022-2023**

**CONSENT/RELEASE FORM**

I, \_\_\_\_\_ hereby release and discharge St. Louis Public Schools,  
Extended  
(Parent's/Guardian's Name)

Day Program, its board members, administrators and agents from all claims, present and future,  
known or unknown, arising in any manner of the participation of

\_\_\_\_\_ in any activity sponsored by the Extended Day Program.  
(Student's Name)

I give permission for my child to use the Internet following the acceptable usage procedures during the extended day program. I also give permission for my child to be photographed, videotaped and/or audio recorded; and allow the Extended Day Program to release all such pictures and/or recordings for publicity and educational purposes only to promote the St. Louis Public Schools/Extended Day Program. I give permission to release grades, attendance and other records for evaluation of the program and educational purposes only.

Parent/Guardian Signature \_\_\_\_\_