2018-2019
AFTER SCHOOL PROGRAM
HOLMES MIDDLE SCHOOL
REGISTRATION FORM

Name: _____ID# _____
Address: _____ _____ _____
Father/Guardian_____ Phone # _____
Mother/Guardian_____ Phone# _____
Allergies or Medical Condition: _____
Doctor's Name and Phone # _____
Emergency Contact: _____ Phone # _____

Continued participation in the Holmes After School Program (ASP) is contingent on the student's attention to school behavioral guidelines. Student participation in the ASP may be denied and parents may be asked to pick their child if the guidelines, including but not limited to chronic lateness to check-in and absences, are not followed.

I, (student's signature) _____ understand and agree to follow FCPS Students Rights and Responsibilities, the Holmes Middle School rules and the Holmes Bus rules while participating in the ASP.

Parent/Guardian:
I hereby grant permission for my child to participate in the Holmes 2018-2019 ASP. I understand that participation by my child is completely voluntary, and that some of the planned physical activities may expose my child to 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 would during regular school hours. I understand that my child's participation might be denied due to misbehavior, unexcused absences and/or tardiness, or if your child is picked up late more than two times during the duration of this program.

Parent/Guardian Signature: _____ Date: _____