

**CASTLE  
REGISTRATION FORM**

Please fill out the registration form online using SmartCare app. You may print the application form and return the form with the registration fee to the Squires Office. Applications will not be processed until the application fee has been paid. The fee is \$30.00 for one child and \$40.00 for two children from the same family.

Student's Full Name \_\_\_\_\_ Address \_\_\_\_\_

Home Phone/Cell Phone \_\_\_\_\_

Student's Age for the 2022-2023 School Year \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian:

Mother's Name \_\_\_\_\_ Email Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Email Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

\*\*\*Please check all days your child plans to attend the CASTLE Afterschool Program. A three (3) day minimum attendance is required:

Monday-Friday \_\_\_\_\_

Thursday \_\_\_\_\_

Monday \_\_\_\_\_

Friday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

**\*\*\*ATTENTION\*\*\***

The days you sign up for are the days you are responsible for payment. The Afterschool Program will not family refund a family for days the child misses or goes home early. By signing this document, you are agreeing to this POLICY.

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

Date \_\_\_\_\_

Director's Signature \_\_\_\_\_

Date \_\_\_\_\_

**AUTHORIZED PICK-UP PERSON:**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ CELL NUMBER \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ CELL NUMBER \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ CELL NUMBER \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ CELL NUMBER \_\_\_\_\_

IS THERE ANYONE THAT MAY NOT PICK UP YOUR CHILD/CHILDREN?

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

DOES YOUR CHILD HAVE ALLERGIES OR HEALTH CONCERNS THE AFTERSCHOOL PROGRAM SHOULD BE AWARE OF?

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**CASTLE AFTER SCHOOL  
MEDICAL INFORMATION:**

Child's Full Name: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_

My child is covered by: Private Insurance \_\_\_\_\_

Medical Card KCCHIP \_\_\_\_\_

**\*\*In the event of a severe emergency, please take my child to:**

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**\*\*My child has received their current Immunizations which are necessary to attend school for the current school year. I have provided a copy of his/her immunization certificate and I understand that this must be a separate document from the Squires Elementary Front Office. Enrollment in the CASTLE program IS NOT COMPLETE until a current Immunization Certificate is on file in the Director's Office.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_