



DCPS Student Enrollment Form

Application for Afterschool Programming

School: _____ Coordinator: _____

Student Information

Name: _____ Student ID: _____

Grade: _____ Homeroom Teacher: _____ Date of Birth: _____

Pick-Up Information

Please check all options that apply:

My child may be picked up by one of the following people:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

My child may walk home alone at _____ unless otherwise specified.

Contact Information

Parent/Guardian Name: _____ Phone: _____ E-mail: _____

Emergency Contact Name : _____ Phone: _____ E-mail: _____

Release Information

- Please initial by each statement

_____ I hereby give permission for my child to participate in afterschool activities sponsored by DCPS.

_____ I agree to paying the required co-payment for afterschool programming.

_____ I allow DCPS to use photos of my child and copies of my child's work for program advertisement, without use of my child's name.

_____ I allow participating Community Based Organizations (CBO's) to access my child's education records in order to help provide the most effective and comprehensive academic support.

Parent/Guardian Signature: _____ Date: _____