

# Cornersville Elementary Power Hour Plus Enrollment Form

## Student Information

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Grade 2016-2017 \_\_\_\_\_

The program will be offered Monday-Friday from 2:45-5:15. Fridays are optional.

My child will attend \_\_\_\_\_ Monday-Thursday or \_\_\_\_\_ Monday-Friday.

## Contact Information

Primary Contact \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Primary Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Secondary Contact \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Primary Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

List any siblings and their grade level that are applying for Power Hour.

\_\_\_\_\_  
Please list the names and phone numbers of any authorized adults who may pick up your child other than the listed parent/guardian. ***If a person IS NOT LISTED, he or she will NOT be allowed to pick up your child.*** A photo ID may be required.

Name

Phone Number

Relationship

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any person to whom child **MAY NOT** be released: (Parent must provide legal documentation to support this request)

\_\_\_\_\_

Emergency Release:

I \_\_\_\_\_ hereby give the Power Hour Plus Staff authorization to act on my behalf in the case of an emergency involving my child. I understand that in the event of an emergency, I will be contacted immediately.

Physician's Name \_\_\_\_\_ Phone number \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Parents/Guardian, Please **INITIAL** the following:

1. My child may be photographed or videotaped for the school website:  
\_\_\_\_\_yes \_\_\_\_\_no.
2. My child may be interviewed by the news media and be posted (name and/or photo) in the local newspaper: \_\_\_\_\_ yes \_\_\_\_\_no.
3. I have received and read the summary of child care approval requirements:  
\_\_\_\_\_ yes \_\_\_\_\_no. ( you will receive at parent orientation)
4. I have received and read the Power Hour Plus Handbook. ( you will receive at parent orientation) \_\_\_\_\_yes \_\_\_\_\_no.

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

Bus transportation is not available this year. Student dismissal begins at 5:15. In order for all children to benefit from the after school program, early pickup will not be allowed.

Signature of parent or Guardian \_\_\_\_\_