

# Canaan Afterschool Program Application 2017 - 2018

Please complete all information requested and return this application to the Canaan Elementary School or you may also Email this application to: Bev Chapman at [bavchpmn@msn.com](mailto:bavchpmn@msn.com) After your application has been received a registration packet will be sent to you.

## Child/Parent Information:

Child's Name: \_\_\_\_\_ Current Grade:/Teacher: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Child's Gender: ( ) male ( ) female

Parent or Guardian: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email \_\_\_\_\_

Desired starting date: \_\_\_\_\_

Circle the days you would like your child to attend:

Monday      Tuesday      Wednesday      Thursday      Friday

Approximate time of parent/guardian pick-up: \_\_\_\_\_

Please list any concerns for your child? (social, behavior, disability, speech, health)

\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, Parent/Guardian of \_\_\_\_\_ hereby agree to his/her participation in the Canaan After School Program (CASP) and hereby agree to hold CASP staff, administrators and volunteers and the Town of Canaan harmless for any and all injury, loss or damage suffered by the above named participant and her/his immediate family as a result of his/her participation in CASP program.  
I understand that Canaan After School Program is a separate organization from the Mascoma School District and that CASP is not affiliated with the Mascoma School District.

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