

Canaan Afterschool Program Application 2016 - 2017

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 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: _____