[](https://www.google.com/imgres?imgurl=https://thetomatos.com/wp-content/uploads/2016/02/falcon-clipart-3.jpg&imgrefurl=https://thetomatos.com/free-clipart-10705/&docid=SmUCZ5EKOs_ixM&tbnid=AfEteXMdw96dSM:&w=400&h=371&bih=673&biw=1024&ved=0ahUKEwj1_4S7xqDOAhXC6oMKHSqJBwwQMwgrKAAwAA&iact=mrc&uact=8)**FALCONS AFTER SCHOOL CLUB**

**ENROLLMENT FORM**

**CHILD INFORMATION**

Child's Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade\_\_\_\_\_\_\_Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Relationship to Child: \_\_\_\_\_\_\_\_\_\_Home Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Secondary Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Name/Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hours at Work: From:\_\_\_\_\_\_\_\_To:\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Relationship to Child: \_\_\_\_\_\_\_\_\_\_Home Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Secondary Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Name/Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Hours at Work: From:\_\_\_\_\_\_\_\_To:\_\_\_\_\_\_\_\_\_\_\_\_

**CHILD'S PHYSICIAN & MEDICAL INFORMATION**

Physician Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number\_\_\_\_\_\_\_\_\_

Health Insurance Coverage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy # \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chronic health conditions? No\_\_\_\_\_\_\_Yes\_\_\_\_\_\_

If yes, please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Allergies/Special Diet: Yes\_\_\_\_ No\_\_\_\_\_ (If yes, explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Special Limitations or Concerns: Yes\_\_\_ No\_\_\_ (If yes,explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**By signing below, I have read and understand the contents of this page.**

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

**\*A light/refreshing snack is encouraged and should be brought from home. Students are allowed to purchase a soda for .75 cent.**

**AFTER SCHOOL PROGRAM**

**HEALTH CARE, EVACUATION, LIABILITY &**

**POLICIES CONSENT FORM**

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reachable Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reachable Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FIRST AID AUTHORIZATION**

I authorize LCS teachers who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate.

**EMERGENCY MEDICAL RELEASE**

I declare that I am the parent or legal guardian of the above named participants. To the best of my knowledge my child is in good health. In the event my child is injured or should require medical attention, I hereby authorize LCS staff and/or volunteer to secure necessary medical treatment for my child. I further acknowledge that I will be responsible for any medical or hospital fees or costs associated with my child’s medical treatment. If possible, confirmation of this authorization should be made with me prior to treatment by calling me at the above listed numbers.

**In case I cannot be reached for an emergency, medical treatment, x-rays, injections, anesthesia or surgery by a qualified physician may proceed without further authorization.**

**EMERGENCY EVACUATION**

In the case of a catastrophic emergency, I give LCS permission to transport my child by reasonable means to a location deemed appropriate by LCS, Seguin police, or fire departments. I understand I will be notified as soon as possible.

**Liability Waiver**

In consideration of the opportunity afforded myself and/or my child by LCS and Falcons After School Club (FASC), I hereby release Falcons After School Club (FASC), LCS, and the members of its Board of Directors, its employees, volunteers, and affiliated groups or partners from all actions, damages, claims and demands, in law or in equity, of every kind and character I may now or hereafter have against them.

**POLICIES AGREEMENT**

I am aware that the Falcons After School Club (FASC) policies are located on the LCS website **After School Club** page, and acknowledge that I am responsible for knowing the contents.

The link can be found at: <http://www.lcsfalcons.org>

**By signing below, I have read and understand the contents of this page.**

**Parent/Guardian Signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FALCONS AFTER SCHOOL PROGRAM**

**PICK UP CONSENT FORM/Emergency Contact**

**Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PICK UP LIST/ Emergency Contacts**

We must have written authorization from you to allow another person to pick up your child. It is our policy to request photo identification from anyone unfamiliar to us. *Please inform those on your* *pick-up list that LCS staff/volunteer will ask for proper photo identification if unfamiliar to them.*

**Students will not be able to leave FASC with anyone not on this list.**

I give permission for the following people to pick up my child from Falcons After School Club in an emergency or when I notify the program:

1. **Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Physical Description**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone #\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #\_\_\_\_\_\_\_ Contact this person in case of emergency?:\_\_\_\_yes\_\_\_\_no

2. **Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Physical Description**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone #\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #\_\_\_\_\_\_\_ Contact this person in case of emergency?:\_\_\_\_yes\_\_\_\_no

3. **Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Physical Description**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone #\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #\_\_\_\_\_\_\_ Contact this person in case of emergency?:\_\_\_\_yes\_\_\_\_no

4. **Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Physical Description**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone #\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #\_\_\_\_\_\_\_ Contact this person in case of emergency?:\_\_\_\_yes\_\_\_\_no

5. **Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Physical Description**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone #\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #\_\_\_\_\_\_\_ Contact this person in case of emergency?:\_\_\_\_yes\_\_\_\_no

6. **Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Physical Description**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone #\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #\_\_\_\_\_\_\_ Contact this person in case of emergency?:\_\_\_\_yes\_\_\_\_no

7. **Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Physical Description**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship to Child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone #\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #\_\_\_\_\_\_\_ Contact this person in case of emergency?:\_\_\_\_yes\_\_\_\_no

**By signing below, I have read and understand the contents of this page.**

**Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FALCONS AFTER SCHOOL PROGRAM**

**TRANSPORTATION & ATTENDANCE FORM**

**Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TRANSPORTATION**

Please indicate how your child will arrive/depart from the program.

My child will arrive at FASC from: (Check all that apply) My child will depart FASC from: (check all that apply)

\_\_\_\_\_\_Teacher dismissal from carline area **(grades K-6)** \_\_\_\_\_\_Parent Pickup

\_\_\_\_\_\_Unsupervised walk from his/her last period classroom **(grades 6-12)** \_\_\_\_\_By an authorized adult from my pickup list

\_\_\_\_\_\_ Unsupervised walk from any sports/extracurricular activities

**ATTENDANCE**

Please check the days your child will attend FASC program and indicate if they will arrive late due to any sport/extracurricular activity such as football, basketball, cheerleading, etc.. during the school year.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Monday   |  | | --- | |  | | Tuesday   |  | | --- | |  | | Wednesday   |  | | --- | |  | | Thursday   |  | | --- | |  | | Friday   |  | | --- | |  | |
| \***List Fall** Sport/Extracurricular Activity Attended: \_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*Time of activity:\_\_\_\_\_\_\_\_\_  \*Expected time of arrival to FASC: \_\_\_\_\_\_  \***List Spring** Sport/Extracurricular Activity Attended: \_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*Time of Activity: \_\_\_\_  \*Expected time of arrival to FASC: \_\_\_\_\_\_  **\_\_\_\_No sport/extra-curricular activity attended on this day.** | \***List Fall** Sport/Extracurricular Activity Attended: \_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*Time of activity:\_\_\_\_\_\_\_\_\_  \*Expected time of arrival to FASC: \_\_\_\_\_\_  \***List Spring** Sport/Extracurricular Activity Attended: \_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*Time of Activity: \_\_\_\_  \*Expected time of arrival to FASC: \_\_\_\_\_\_  **\_\_\_\_No sport/extra-curricular activity attended on this day.** | \***List Fall** Sport/Extracurricular Activity Attended: \_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*Time of activity:\_\_\_\_\_\_\_\_\_  \*Expected time of arrival to FASC: \_\_\_\_\_\_  \***List Spring** Sport/Extracurricular Activity Attended: \_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*Time of Activity: \_\_\_\_  \*Expected time of arrival to FASC: \_\_\_\_\_\_  **\_\_\_\_No sport/extra-curricular activity attended on this day..** | \***List Fall** Sport/Extracurricular Activity Attended: \_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*Time of activity:\_\_\_\_\_\_\_\_\_  \*Expected time of arrival to FASC: \_\_\_\_\_\_  \***List Spring** Sport/Extracurricular Activity Attended: \_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*Time of Activity: \_\_\_\_  \*Expected time of arrival to FASC: \_\_\_\_\_\_  **\_\_\_\_No sport/extra-curricular activity attended on this day..** | \***List Fall** Sport/Extracurricular Activity Attended: \_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*Time of activity:\_\_\_\_\_\_\_\_\_  \*Expected time of arrival to FASC: \_\_\_\_\_\_  \***List Spring** Sport/Extracurricular Activity Attended: \_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \*Time of Activity: \_\_\_\_  \*Expected time of arrival to FASC: \_\_\_\_\_\_  **\_\_\_\_No sport/extra-curricular activity attended on this day.** |

**By signing below, I have read and understand the contents of this page.**

**Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FALCONS AFTER SCHOOL PROGRAM**

**FIELD TRIP & PHOTO CONSENT FORM**

**Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FIELD TRIP PERMISSION**

You have my permission to take my child on trips that the Falcons After School Club plans. I understand that I will be notified in writing of all trips requiring transportation in advance. I also understand that all necessary precautions will be taken to ensure his or her safety, and I will not hold FASC and LCS responsible for any accident, which may occur on such a trip.

**PHOTO PERMISSION**

Throughout the year various pictures will be taken of the children while they attend FASC program.

Pictures might include walks, parties, or a child playing indoors or outside. Please check below.

\_\_\_\_\_\_\_ I give permission for my child to be photographed while attending the Falcons After School Program.

\_\_\_\_\_\_\_ I do not wish my child to be photographed while attending the Falcons After School Program.

**By signing below, I have read and understand the contents of this page.**

**Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**