

Crown Point Central School

PreK-6 After School Program

Enrollment Form

Student's Name _____ Grade _____

Parent/Guardian Name(s) _____

Address _____

Phone Number _____ Cell _____

Emergency Contact _____

Phone Number _____ Cell _____

Emergency Contact _____

Phone Number _____ Cell _____

Emergency Contact _____

Phone Number _____ Cell _____

Yes! Please enroll my child in the After School Program.

The program operates from **2:25PM -5PM. (Time change)**

If I am not available, I will provide written permission for someone else to pick my child up.

Parent/Guardian Signature _____ Date _____