



**ASAP**  
(After School Activity Program)  
**FULL DAY**  
**REGISTRATION**



Date of Full Day Attendance: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: Male Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
School Attending: Indian Trail Oak Terrace Wayne Thomas  
Grade in 10-11 School Year: \_\_\_\_\_

Parent/Responsible Party

Parent/Responsible Party

Name
Relationship to Child
Home Phone
Business Phone
Cell Phone
Email Address
Home Address
Business Address
Working Hours

**\*\*\*\*\*Payment is required prior to the date of the full day.\*\*\*\*\***  
Full day fee: \$50 per day – includes lunch and 2 snacks, workshops, planned activities, free play and time outside or in the gym.

**ALL FULL DAYS ARE HELD AT OAK TERRACE IN THE MULTI-PURPOSE ROOM:** please enter Oak Terrace at door labeled Entrance 7.

Please call Bobbie Hinden, ASAP Director, with questions. 847-433-0377 ext. 303



**Please detach and return with payment.**

**Return to:** Family Network, 330 Laurel Avenue, Highland Park, IL 60035

Check Enclosed  Make checks payable to: **Family Network –ASAP**  
Please charge my: Visa  Mastercard  American Express

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Card Holder's Signature \_\_\_\_\_

**Emergency Contacts**

Name	Relationship to Child	Address	Phone (Home & Cell)
1.			( )
2.			( )

Child **CANNOT** be released to:

Name	Relationship to Child	Address	Phone
1.			( )
2.			

**Consents**

I give permission for my child \_\_\_\_\_ to receive emergency medical treatment which may include, but is not limited to, first aid by staff, care by paramedics, physician or local hospital. I understand that I am responsible for any costs incurred.

_____	Signature	_____	Date
_____	Print Name	_____	Relationship to Child

Doctor(s) Name/Practice: \_\_\_\_\_ Phone: \_\_\_\_\_  
Hospital Affiliation \_\_\_\_\_  
Child's Dentist \_\_\_\_\_ Phone: \_\_\_\_\_

**PHOTO**

I give the Family Network After School Activity Program (ASAP) permission to use photos of (child's name) \_\_\_\_\_ or other family members (parent and sibling names) \_\_\_\_\_ in publications or for publicity informational purpose. I understand that Family Network owns rights to the photos.

**EXCURSIONS and Field Trips**

I/We authorize ASAP staff or agents to take my child (ren) on walking trips.

**ATHLETIC PARTICIPATION**

I/We authorize ASAP to allow my child to participate in athletic activities provided at ASAP.

**RELEASE OF LIABILITY FOR MINORS**

I understand that Family Network's After School Activity Program (ASAP) is attempting at all times to exercise reasonable caution and I do not hold them responsible for accidental injury occurring while my child is attending the program. I hereby expressly forever waive, release and discharge the Family Network After School Activity Program (ASAP) and their representatives from all such liabilities, claims, demands, injuries, damages, rights of action, or cause of action, whether the same be known or unknown, anticipated or unanticipated.

_____	Signature	_____	Date
_____	Print Name	_____	Relationship to Child