



LAUREL COMMUNITY ED

Before/After School

2018-2019 Registration Form

LASP Coordinator: rebecca_haffey@laurel.k12.mt.us 628-3347

LASP Director: allyson_robertus@laurel.k12.mt.us 628-3381

INFORMATION FOR STUDENT

DATE OF REGISTRATION _____ Received by _____

LEGAL NAME _____
Last First Middle

PREFERRED NAME _____

RACE/ETHNICITY (choose one) American Indian Asian Hispanic/Latino Black/African American White/Non-Hispanic Native Hawaiian/Pacific Islander

GENDER Male Female

BIRTH DATE Month _____ Day _____ Year _____

CURRENT GRADE _____ AGE _____

BIRTH PLACE _____

IS STUDENT CURRENTLY ATTENDED LAUREL SCHOOLS? No Yes

WITH WHOM DOES THIS STUDENT LIVE?

Both Parents Mother/Step-Father Mother Father/Step-Mother Father
 Guardian (guardianship proof required) _____

LIST THE PRIMARY LANGUAGE SPOKEN IN THE HOME _____

SUPPORT PROGRAMS (Choose those that apply) Special Ed

Title I Speech 504 Gifted/Talented Other (specify) _____

HOUSEHOLD INFORMATION

PHYSICAL ADDRESS _____

MAILING ADDRESS _____

HOUSEHOLD PHONE _____

EMAIL ADDRESS _____

TO WHOM DOES THIS EMAIL BELONG? _____

FATHER/STEP-FATHER (circle one) NAME _____

FATHER/STEP-FATHER PLACE OF EMPLOYMENT _____

WORK PHONE _____ CELL PHONE _____

MOTHER/STEP-MOTHER (circle one) NAME _____

MOTHER/STEP-MOTHER PLACE OF EMPLOYMENT _____

WORK PHONE _____ CELL PHONE _____

GUARDIAN NAME(S) (if applicable) _____

WORK PHONE _____ CELL PHONE _____

PEOPLE TO CONTACT IN CASE OF EMERGENCY (OTHER THAN HOME)

(1) NAME _____ RELATIONSHIP _____
HOME PHONE _____ WORK PHONE _____ CELL PHONE _____
(2) NAME _____ RELATIONSHIP _____
HOME PHONE _____ WORK PHONE _____ CELL PHONE _____
3) NAME _____ RELATIONSHIP _____
HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

LIST OTHER SIBLINGS ATTENDING LAUREL SCHOOLS

NAME _____ GRADE _____
NAME _____ GRADE _____
NAME _____ GRADE _____
NAME _____ GRADE _____

OTHER INFORMATION

Please list any other information that is important for us to know about your student(s). Examples: custodial parent, legal alerts, medical alerts, etc. _____

PROGRAM FEES

\$30.00 non-refundable activity fee is required with registration form. Rcvd: _____ Date: _____ Check # _____

- 5 Days a week **Before** and **After** School \$200.00 per month
- 5 Days a week **Before** School \$ 60.00 per month
- 5 Days a week **After** School \$175.00 per month
- Daily Rate (includes before and after for the day) \$20.00 per day

All payments must be received at the Community Ed office prior to the **25th** of the preceding month. **No** payments will be received at the school. You can either mail or drop off your payments to the Community Ed Office 410 Colorado Avenue Monday thru Friday 8:00am to 4:00pm. Cash payments must be made at the school district office at 410 Colorado Ave. A **\$20.00** late fee will be charged on all payments received after the **5th** of the month. I also acknowledge that participants may be photographed, video and recorded providing opportunity for Laurel Public Schools/Laurel Community Education promotions.

Parent/Guardian Signature

Date

Form Check off

- Registration Form Signed
- Certificate of Immunization in File
- Health Form
- Medical Release Form Signed
- Release of Information on File
- Emergency Contact