

**THE LOVETT SCHOOL**  
**After School Activities Program**

*Registration Form*

*Please complete a separate form for each child. A non-refundable application fee of \$45.00 must accompany this form.*

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Child's Name	Age	Date of Birth
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Address	Phone	Grade
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Child's Living Arrangements:       Both Parents       Mother       Father       Other

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Father's Name	Work Phone
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Business Address	Cell Phone
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Home Address (if different from child)	Home Phone
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Mother's Name	Work Phone
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Business Address	Cell Phone
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Home Address (if different from child)	Home Phone
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Physician's Name (when parents cannot be reached)	Phone
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List any known allergies, medications, or limitations. If there are no known allergies, write "none."

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Emergency Contact (when parents cannot be reached)	Phone
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Address	Relationship to child
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Emergency Contact (when parents cannot be reached)	Phone
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Address	Relationship to child
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The Lovett School After School Activities Program agrees to provide care for: \_\_\_\_\_.

Please mark a day/time schedule from the column that suits you best:

<input type="checkbox"/> <b>Five Days per Week</b>	<input type="checkbox"/> <b>Three Days per Week</b>	<input type="checkbox"/> <b>Two Days per Week</b>	<input type="checkbox"/> <b>One Day per Week</b>
	M T W Th F (circle days)	M T W Th F (circle days)	M T W Th F (circle day)
<input type="checkbox"/> 2:00–3:00 PM	<input type="checkbox"/> 2:00–3:00 PM	<input type="checkbox"/> 2:00–3:00 PM	<input type="checkbox"/> 2:00–3:00 PM
<input type="checkbox"/> 2:00–4:00 PM	<input type="checkbox"/> 2:00–4:00 PM	<input type="checkbox"/> 2:00–4:00 PM	<input type="checkbox"/> 2:00–4:00 PM
<input type="checkbox"/> 2:00–6:00 PM	<input type="checkbox"/> 2:00–6:00 PM	<input type="checkbox"/> 2:00–6:00 PM	<input type="checkbox"/> 2:00–6:00 PM
<input type="checkbox"/> 3:00–4:00 PM	<input type="checkbox"/> 3:00–4:00 PM	<input type="checkbox"/> 3:00–4:00 PM	<input type="checkbox"/> 3:00–4:00 PM
<input type="checkbox"/> 3:00–6:00 PM	<input type="checkbox"/> 3:00–6:00 PM	<input type="checkbox"/> 3:00–6:00 PM	<input type="checkbox"/> 3:00–6:00 PM

**ASAP Card:**

**Two-day Card** (\$40)      **Five-day Card** (\$100)

The student may be released *only* to the person(s) signing this agreement and to the person(s) listed below. Changes must be submitted in writing by the parent.

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Name	Address	Phone	Relationship to Child
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Name	Address	Phone	Relationship to Child
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Name	Address	Phone	Relationship to Child
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I acknowledge responsibility for keeping my child’s records current, when and if any significant changes occur (e.g., telephone numbers, work locations, emergency contacts, etc.).

My child will not be allowed to enter or leave the facility without being escorted by his parents, persons authorized by the parents, or facility personnel.

The facility will keep me informed in case of illnesses or injuries pertaining to my child.

Should my child become ill or suffer an injury of any nature during the time that he is in the care of The Lovett School After School Activities Program, the facility shall attempt to contact me immediately. In the case of severe illness or injury, 911 shall be called and my child transported by ambulance to Children’s Healthcare of Atlanta at Scottish Rite, which shall be authorized to provide necessary medical treatment. I (the parent or guardian) shall assume responsibility for payment.

**WAIVER OF LIABILITY:** It is expressly agreed that the participation by my child in any activities of The Lovett School After School Activities Program, and the use of any school facility or property, shall be undertaken at my child’s own risk. The Lovett School, its servants, agents and employees, shall not be liable for any claims, demands, injuries, damages, actions or causes of action whatsoever to me or my child or my property or my child’s property arising out of, or connected with, my child’s being at The Lovett School. I do hereby expressly forever release and discharge The Lovett School, its agents, employees, and trustees from all such claims, demands, injuries, damages, actions, or causes of action, and from all acts of active or passive negligence on the part of The Lovett School, its agents, employees, or trustees.

*Signature below indicates that the parent or guardian understands and accepts the After School Activities Program regulations as stated on this form.*

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Parent/Guardian	Date
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After School Activities Program Director	Date
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