

## ECS After School Program Registration Form

Parent Name: \_\_\_\_\_

Parent preferred contact number: \_\_\_\_\_

Parent preferred contact email: \_\_\_\_\_

Please list the name and grade level of your child(ren) participating in the After School Program:

\_\_\_\_\_

\_\_\_\_\_

My child(ren) will be enrolled in the ASP on the following days:

**Circle all that apply.**

**Monday**

**Tuesday**

**Wednesday**

**Thursday**

**Friday**

My child(ren) will be dismissed by the following:

**Circle one.**

**Parent pick-up daily from the security booth**

**Ride the bus home**

Please complete and return this form to **Mrs. Porter**. Questions? Call the school at (607) 965-8931 or email [lporter@edmeston.net](mailto:lporter@edmeston.net).