

Southern Fulton AVTS Child Care Pre-School Registration Form – 2017-2018

Student Information	
Name of Child	
Name of Parent/Guardian	
Address	
Phone Number	
E-mail Address	
Name of Person Picking Up Child	
Food/Other Allergies	
Medical Needs/Concerns	
Emergency Contact	
Name	
Address	
Phone Number	

Fees:

When you enroll your child in Story Hour we will plan materials/snacks/activities for them every day. Because we purchase all these materials in advance we require that the **\$36** for enrollment in the Pre-School Program be **paid in full** the first day (March 6th).

***There is no refund of fees for days students are absent.*

Photo Permission:

Throughout the year photographs will be taken to document and promote the AVTS Child Care program or to be used in the Yearbook. Please complete the following form to indicate your decision regarding images of your child.

I, (print name) _____, parent or official guardian of (child's name) _____ hereby **GRANT / DENY** (*circle one*) permission to Southern Fulton School District and Fulton County AVTS representatives, to take and use: photographs and/or digital images of my child for use in any of the following: printed publications or materials (yearbook), electronic publications (slideshows), or Web sites (school/AVTS).

_____ (Signature)
 _____ (Date)

***If you have any questions or concerns please contact me at bshingleton@sfsd.k12.pa.us

Thank you for your support of our program.
Betsy Shingleton