

Southern Fulton School District

Child Care Story Hour 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 \$20 for enrollment be paid in full the first day of Storytime.

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. If you **DO NOT** consent for your child’s image to be used in this way complete the following form.

I, (print name) _____, parent or official guardian of
 (child’s name) _____ hereby deny 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 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