



MARK TWAIN ELEMENTARY  
 AFTER SCHOOL PROGRAM  
 AUTHORIZATION FORM  
 SPRING 2012

Student Name \_\_\_\_\_ Grade Level 2011/2012 \_\_\_\_\_ 2011 / 2012 Homeroom Teacher \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Father's Home Phone# \_\_\_\_\_ Father's Work Phone# \_\_\_\_\_ Father's Cell Phone# \_\_\_\_\_

Mother's Home Phone# \_\_\_\_\_ Mother's Work Phone# \_\_\_\_\_ Mother's Cell Phone# \_\_\_\_\_



Will your child be a Bus Rider when not reporting to the After School Program?  YES  NO

**Individuals authorized to pick up my child are:**

Name \_\_\_\_\_ Work Phone # \_\_\_\_\_ Home Phone# \_\_\_\_\_ Other Phone# \_\_\_\_\_

Name \_\_\_\_\_ Work Phone# \_\_\_\_\_ Home Phone# \_\_\_\_\_ Other Phone# \_\_\_\_\_

Name \_\_\_\_\_ Work Phone# \_\_\_\_\_ Home Phone# \_\_\_\_\_ Other Phone# \_\_\_\_\_

Name \_\_\_\_\_ Work Phone# \_\_\_\_\_ Home Phone# \_\_\_\_\_ Other Phone# \_\_\_\_\_

My child is allergic to the following: \_\_\_\_\_

My child has special medical needs as follows: \_\_\_\_\_

***Please note:***

1. It is important you notify the After School Program **in writing** when you have updated information such as an address change, individuals you authorize to pick up your child, foods your child may be allergic to, etc.
2. If on any given day someone **NOT** listed on the ASP Authorization/Emergency Form needs to pick up your child, the After School Office must receive notification in writing (no later than 11:00AM) from the parent or the individual registering the student. You **MUST** notify the After School Office as follows:
  - A. email this notification to: [ciasp2@sbcglobal.net](mailto:ciasp2@sbcglobal.net)
  - B. Fax it to: 713-295-5283 and address the note to the attention of ASP.
  - C. Drop off a note in the ASP box located in the front school office.
  - D. Drop off a note in the ASP office.
3. Please be aware that we will NOT release your child to anyone unless we have it in writing. We will not make any exceptions.