



High School Residential Dorm / After School Program



Registration Form Academic Year 2018 – 2019

This form is required to be filled out for each MSD student (PLEASE PRINT):

Child's Name: _____ Birth Date: _____

Parent Name(s): _____

Address: _____

Text/phone number: _____

Email Address: _____

County of Residence: _____

My child (select only one box):

- Will **NOT** be staying in the High School Residential Dorm Program at this time. (**Skip to Section B)
- Will be staying in the High School Residential Dorm Program. (Go to Section A)

SECTION A – High School Residential Dorm Program

My child will stay in dorm (select only one box):

- Full Time (must meet criteria set forth in the Parent/Student Handbook and approved by Student Life Director).
Please select whether your child will arrive to dorm on: ____ Sunday or ____ Monday
(all students must follow their county bus schedule, unless the student has prior approval by Student Life Director)
- Part Time (must meet criteria set forth in the Parent/Student Handbook and approved by Student Life Director).
Please check which days your child will stay in dorm:
____ Sunday ____ Monday ____ Tuesday ____ Wednesday ____ Thursday

**SECTION B – After School Program (fill out this section only if your child is not staying in dorm)

My child (select only one box):

- Will NOT be participating in High School After School Program (ASP) at this time.
- Will be participating in High School After School Program (ASP) upon approval from Director of ASP.
Please check which days your child will participate in High School After School Program:
____ Monday ____ Tuesday ____ Wednesday ____ Thursday

- ❖ No snacks containing **nuts/peanut butter** of any kind are allowed.
- ❖ I understand that the mandatory and non-refundable ASP fee of **\$50.00** is to be paid no later than **Sept. 5, 2018** (check payable to MSD-MSASP). I understand MSD will not admit students without the required forms and fee even on the first day of school. If you have any questions or concerns, please contact the Director of Student Life (Frank Froehle) or the Director of After School Programs (Janna DiBiase).
- ❖ I understand that the High School After school Program is from 2:50 pm - 9:00 pm, and I am to pick up my child anytime before 9:00pm.
- ❖ If your child receives Enhanced Services (ES) during academic hours, registration for ASP must be reviewed by the student's IEP team to determine supports needed for the student to successfully participate in ASP.

By signing your name you agree you have read and understand all the items outlined above, and give your child permission to participate in MSD's After School Program.

Signature of Parent/Guardian

Date

For any questions, please contact the Director of Student Life or the Director of After School Programs.

Office of Student Affairs

SHC paperwork done: Yes No

Payment Received: Yes (Amount: \$ _____)

Payment Method: Cash Check: # _____

Date of Payment: ____/____/____