

Wasatch Elementary After-School Homework Club  
SATCH'S DEN Registration Form

Student's Name: \_\_\_\_\_ Age \_\_\_\_\_

Grade \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home- \_\_\_\_\_ Cell- \_\_\_\_\_ Work- \_\_\_\_\_

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

Parent Email: \_\_\_\_\_

Parent preferred language: English \_\_\_\_\_ Spanish \_\_\_\_\_ Other (specify) \_\_\_\_\_

Transportation: (Please mark one)

\_\_\_\_\_ My child will be released to walk home at the end of SATCH'S DEN at 4:30p.m. M-TH and 2:40 on Fridays.

\_\_\_\_\_ I will pick up my child at the end of SATCH'S DEN at 4:30p.m. M-TH & 2:40 on Fridays.

\_\_\_\_\_ My child will ride home in a carpool with the following parent:

\_\_\_\_\_ Ph. # \_\_\_\_\_

\_\_\_\_\_ My child will be signed out and picked up by authorized person **only**.

\_\_\_\_\_ Ph# \_\_\_\_\_

I have read the SATCH'S DEN Homework Club Parent Handbook provided with this registration form and have reviewed it with my student.

Parent Signature: \_\_\_\_\_ date: \_\_\_\_\_

By signing this form, I agree I will follow all school rules and policies of Wasatch Elementary. I understand that failure to comply with the SATCH'S DEN rules may result in not being allowed to participate in the SATCH'S DEN program.

Student Signature: \_\_\_\_\_ date: \_\_\_\_\_

Medical Problems/Allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT:** In the event of an emergency, please contact the following if a parent or guardian cannot be reached:

Name: \_\_\_\_\_ ph.# \_\_\_\_\_

Name: \_\_\_\_\_ ph.# \_\_\_\_\_

Please return this form with Payment to the Main Office