

# RISE Registration Form

Read. Innovate. Serve. Engage.

RISE is an after-school program for grades 5 to 8 from the Effingham County area. Students from all public and private schools in the county, along with homeschooled students, are encouraged to register.

The pilot program has expanded to two sessions, including a Monday/Wednesday session and a Tuesday/Thursday session.

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**Circle Requested Session for January to Mid-April Program Period:**

**5th/6th Grade Session**

**3 to 5:30 p.m. Monday/Wednesday**

**6th/7th/8th Grade Session**

**3 to 5:30 p.m. Tuesday/Thursday**

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**Applicant's Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **School:** \_\_\_\_\_

**\*\* For Unit 40 Students, does student need transported from school to library? YES or NO**

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**Primary Parent/Guardian Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Secondary Parent/Guardian Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

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**Medical:** Does your child have any medical conditions, such as allergies, that we need to be aware of? (Circle) YES NO

If yes, please explain: \_\_\_\_\_

**If you're child requires medication, including OTC, please complete the medical authorization form attached.**

**Emergency Contacts:** Please list in order of preference individuals we may contact in the event of an emergency.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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**Authorized Pick Up:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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*Filling out this enrollment form is required for attendance. Enrolling in the program does not mean that the student must come every day. Once the enrollment form is on file, the student is free to attend as many or as few days as they sign up for. The library will provide a monthly sign-up sheet.*

Please sign to acknowledge that you and your child understand and will follow the policies of the After-School Program and Effingham Public Library.

Parent Signature \_\_\_\_\_