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Family Name



**SAINT MATTHIAS AFTER SCHOOL PROGRAM**

170 J.F. KENNEDY BLVD. ~ SOMERSET, NJ 08873

Phone 732-828-1402

Diana Manahan – ASP Director

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**ASP SPECIAL CIRCUMSTANCES FORM**

Dear Parents/Guardians,

In order to make the ASP run as smoothly as possible, we need to know if there are any special circumstances regarding your child(ren). Please explain below any information we may need in order to provide your child(ren) with the proper care and supervision. Please give particular attention to specific health issues/allergies and authorization for daily pick-up from the program. If there are any academic/homework issues you would like to make us aware of, we will be happy to help in any way possible. Please be advised that the ASP staff does not have access to any classroom related information pertaining to your child unless you give it to us. Any information provided will be shared only with the ASP staff

Student's Name: \_\_\_\_\_ Homeroom: \_\_\_\_\_

What you would like to share: \_\_\_\_\_

\_\_\_\_\_

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Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_