

**Beyond After-School Adventures Program
Enrollment Form**

Name of Parent/Guardian	Present Address of child/guardian:
Phone number—home	
Phone Number—cell or work	

List name of child applying for the program

Name (Last, First) Student ID (lunch code)	Age	Current grade	Does the child receive Medicaid, Food Stamps or OWF?		Does the child receive free or reduced priced school lunches?	
			YES	NO	YES	NO

By voluntarily enrolling my child in the Beyond After-School Adventures Program I understand that:

1. My child will participate in a variety of variety of planned academic support and enrichment activities including homework help, cultural education activities, character education programs, recreational activities and special community events.
2. My child will be provided with nutritious snacks during each day of attendance..
3. I will be asked to attend a conference with the staff in the event of a discipline problem with my child.
4. I may be asked to provide input, in person or in writing, which will help the staff know and serve my child better.
5. Photographs of the children participating in the program may be taken periodically and may appear in the newspaper, school website, or other publications unless I inform the program coordinator of my/our objections in writing.

I agree to:

1. Complete all forms necessary before my/our child can attend the program.
2. Give notice in writing, in the event I/we chose to withdraw our child from the program. The program reserves the right to remove my child if my child is/are absent for four or more consecutive days.
3. Provide staff with parent/guardian phone numbers plus at least 2 additional emergency contacts
4. Sign our child out for the afternoon program on the daily attendance sheet or provide the program with permission in writing to allow my child to walk home on his/her own.
5. Agree to pick up my/our child at the program site no later than 5:45 p.m. In the event of late pick-ups, my/our child may be dismissed from the program.
6. Inform the staff, in writing, in person, or by phone of the days my/our child will not be in attendance.
7. Notify the school office of any changes in my/our registration information (e.g. address, phone numbers, place of employment, etc.).

A Parent Handbook, which contains information on policies and procedures, has been given to me. I have read the Parent Handbook and also agree to abide by the policies and procedures set forth in it.

By my signature below, I agree that the above information is true and complete to the best of my knowledge.

Signature of Parent/Guardian	Date

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