



# After School Program

## Libby Middle School/High School AFTER SCHOOL PROGRAM Starts October 5<sup>th</sup>

Dear Parents/Guardians: Your child has an opportunity to attend the Libby After School Program. The program focus is after school learning opportunities in math, reading, and homework reinforcement. There is no fee for this program. Please complete the attached enrollment form and return it to the office as soon as possible. Snacks will be provided daily.

**The session will run from 3:30 to 4:45 Monday, Tuesday and Thursday.**

**Transportation can be arranged if you cannot pick your child up at 4:45. (See below)\*\***

Student's Name: First: \_\_\_\_\_ Last: \_\_\_\_\_

Grade \_\_\_\_\_ Gender: Male \_\_\_ Female \_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Father's Name: \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Child lives with: Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_ Other \_\_\_\_\_

**\*\*TRANSPORTATION (please check one)** \_\_\_\_\_ Parents will pick up \_\_\_\_\_ need bus transportation

Although school bus transportation will drop each child close to home, buses **DO NOT** stop at all designated bus stops. Other \_\_\_\_\_

Also, buses do not travel a great distance from town.

**Local emergency contact OTHER than parent:**

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

Relationship to student \_\_\_\_\_

**Please complete the back of this form >>>>>>>**

**Medical information:**

Serious Health Problems: No \_\_\_\_\_ Yes \_\_\_\_\_ If Yes, explain \_\_\_\_\_

Medications: No Yes If Yes, explain

I have read the enrollment form and want my child to participate in the After School Program. I, the undersigned (as a parent or guardian of the participant, a minor), hereby give permission for mutual exchange of information between the 21<sup>st</sup> Century After School Program and the school regarding health and safety issues, food program status, immunization records and academic achievement.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Comments or Concerns? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Coordinator:

Deanna Malyevac 293-8802 ext.1951

MS/HS front office 293-8802 ext.0 - to leave a message

**Return this form to Deanna Malyevac or the MS/HS front office as soon as possible**