

SCLS AFTER SCHOOL PROGRAM 2017 - 2018

If Parent and Student are in agreement with the After School Program as outlined in handbook, please print and sign your name below and complete the needed information for our files.

Name of Student(s): Grade (s): Days Attending Date Beginning Program

Parent/Guardian Name (please Print) Parent/Guardian Signature

Parent/Guardian Name (please Print) Parent/Guardian Signature

BEST Phone Number(s) to contact Parent/Guardian between 3:30 and 5:30 pm:

_____ Phone Number _____
Name

_____ Phone Number _____
Name

_____ Phone Number _____
Name

EMERGENCY contact if Parent/Guardian is not reached:

_____ Phone Number _____
Name Relation to Student

_____ Phone Number _____
Name Relation to Student