

SCLS AFTER SCHOOL PROGRAM 2018 - 2019

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:

Name

Phone Number

Name

Phone Number

Name

Phone Number

EMERGENCY contact if Parent/Guardian is not reached:

Name

Relation to Student

Phone Number

Name

Relation to Student

Phone Number