



**2018-19 After School Program-Session 3**

**Monday, January 7, 2019-Thursday, February 14, 2019**

Student's Name:
Parent/Guardian's Name:
Address:
Phone Number:
E-Mail Address:

**Please check off the group(s) in which your child would like to participate:**

<b>Intramurals:</b> Floor Hockey (ages 10 and up) *Please read and return the <i>Athlete Code of Conduct</i> found on our webpage*	Monday & Tuesday
Theatre (ages 12 and up)	Monday, Tuesday, and Thursday
Lucky Punch Boxing (ages 10 and up)	Tuesday & Thursday
Star Wars Tabletop Club (ages 14 and up)	Monday & Thursday
Scrapbooking (ages 13 and up)	Monday & Tuesday
Cake Decorating (ages 8-13)	Tuesday & Thursday
Learn to play the Trumpet (ages 10 and up)	Monday & Thursday
Game Development in Scratch (ages 8-13)	Wednesday & Thursday

Cost: **\$35 administrative fee**

Checks payable to: **Learning Prep School**

The Learning Prep School (LPS) program provides all students with equal access to services, facilities, activities, and benefits regardless of race, color, sex, gender, identity, religion, national origin, disability or homelessness.



**EMERGENCY TRANSPORTION INFORMATION FORM**

STUDENT NAME:		
DATE OF BIRTH:		
ADDRESS:		
HOME PHONE NUMBER:		
PARENT/GUARDIAN NAME:		
CELL PHONE NUMBERS:		
Parent/Guardian 1:		Parent/Guardian 2:
WORK NUMBERS:		
Parent/Guardian 1:		Parent/Guardian 2:
EMERGENCY CONTACT NAME:		
EMERGENCY CONTACT INFO:		
Home:	Cell:	Work:
HEALTH PLAN AND #:		
My child [ ____does/ ____ does not] have any known allergies		
<b>**Please note that there will NOT be a nurse on-site during After School Programming</b>		
My child's T-shirt size is _____		

MY CHILD WILL BE PICKED UP FROM THE AFTER SCHOOL PROGRAM AT 4PM BY:	CAB [ ]	PARENT [ ]
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IF YOU CHECKED OFF BUS / CAB, PLEASE COMPLETE THE FOLLOWING:

CAB COMPANY NAME: \_\_\_\_\_

CAB COMPANY'S PHONE #: \_\_\_\_\_

PLEASE NOTE THE FOLLOWING:

- All communication with the Bus/Cab Company is the Parent/Guardian's responsibility (i.e., days/time for pickup, cancellations, etc.).

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE