

After-School Program Request Form

Please print all information and sign at the bottom. Students will be placed into clubs on a first-come-first served-basis. If you have any questions, please contact Miss Lingle at 583-3055 or elingle@pinnaclewny.org.

MONDAY ___ All children must be in a program ___ It doesn't matter if all children are in a program

Child's Name: _____ Grade Level: _____ Choice #1: _____ Choice #2: _____

Child's Name: _____ Grade Level: _____ Choice #1: _____ Choice #2: _____

TUESDAY ___ All children must be in a program ___ It doesn't matter if all children are in a program

Child's Name: _____ Grade Level: _____ Choice #1: _____ Choice #2: _____

Child's Name: _____ Grade Level: _____ Choice #1: _____ Choice #2: _____

WEDNESDAY ___ All children must be in a program ___ It doesn't matter if all children are in a program

Child's Name: _____ Grade Level: _____ Choice #1: _____ Choice #2: _____

Child's Name: _____ Grade Level: _____ Choice #1: _____ Choice #2: _____

THURSDAY ___ All children must be in a program ___ It doesn't matter if all children are in a program

Child's Name: _____ Grade Level: _____ Choice #1: _____ Choice #2: _____

Child's Name: _____ Grade Level: _____ Choice #1: _____ Choice #2: _____

FRIDAY ___ All children must be in a program ___ It doesn't matter if all children are in a program

Child's Name: _____ Grade Level: _____ Choice #1: _____ Choice #2: _____

Child's Name: _____ Grade Level: _____ Choice #1: _____ Choice #2: _____

I understand that my children will be placed on a waiting list if they are not selected for an after-school program. My children will be picked-up between 5:15 – 5:20 or risk removal from after-school programs for the trimester.

Parent Name: _____ Signature: _____

Date: _____ Phone Number(s): _____

Email: _____

Your e-mail will be used to communicate after-school program confirmation as well as any updates during the trimester.

Office Use ONLY:

Date Received: _____ Confirmation Sent: ___ email ___ letter Email Verification Received: _____