

After-School Program Request Form

Please print all information and sign at the bottom. Requests are processed in the order they are received. If you have more than two children, please keep the additional sheet(s) together (stapled or envelope).

MONDAY ____ All children must be in a program

Child's Name: _____ Homeroom: _____ Choice #1: _____ Choice #2: _____

Child's Name: _____ Homeroom: _____ Choice #1: _____ Choice #2: _____

TUESDAY ____ All children must be in a program

Child's Name: _____ Homeroom: _____ Choice #1: _____ Choice #2: _____

Child's Name: _____ Homeroom: _____ Choice #1: _____ Choice #2: _____

WEDNESDAY ____ All children must be in a program

Child's Name: _____ Homeroom: _____ Choice #1: _____ Choice #2: _____

Child's Name: _____ Homeroom: _____ Choice #1: _____ Choice #2: _____

THURSDAY ____ All children must be in a program

Child's Name: _____ Homeroom: _____ Choice #1: _____ Choice #2: _____

Child's Name: _____ Homeroom: _____ Choice #1: _____ Choice #2: _____

FRIDAY ____ All children must be in a program

Child's Name: _____ Homeroom: _____ Choice #1: _____ Choice #2: _____

Child's Name: _____ Homeroom: _____ 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. Late pick-ups risk removal from after-school programs for the trimester.

Parent Name(s): _____ 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.

Emergency Contact/ Phone Number(s): _____

Office Use ONLY:

Date Received: _____ Paper _____ Email _____ Confirmation Sent: _____ email _____ letter