

CARDINAL AFTER-SCHOOL PROGRAM 2017-2018 ENROLLMENT FORM

Completed by Office only Days/Week _____ Bus Route _____ Other _____
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Please return this enrollment form to the Elementary or MS/HS office
or Mrs. Lowery, Cardinal After-School Program Coordinator

Name of Child _____	Grade _____
Name of Child _____	Grade _____
Name of Child _____	Grade _____

Check one:

a. I will provide my child's transportation and pick him/her up by 5:20.

b. I request bus transportation for my child(ren) **to the following address** after After-School Programming: _____

(Transportation will be provided only within the Necedah School District. Transportation is provided on a first come/first serve basis. When two routes are filled transportation may not be available.)

Parent/Guardian name: _____
Parent/Guardian phone number: _____
Parent/Guardian Email address: _____

Emergency contact (between 3:20 - 5:20p.m. Mon. through Thurs.):

Name: _____ Phone number: _____

Expectation: What would you like your child to improve upon while participating in the Cardinal After-School Program?

As part of promoting this program photographs will be used. If you wish NOT to have your son/daughter photographed for program promotional purposes please stop in the office to sign a media form indicating your wishes.

Parent signature: _____ **Date:** _____

Once this form is received expect a confirmation notice by phone to above noted parent/guardian from Linda Lowery, After-School Program Coordinator. Please wait for the confirmation notice before having your child stay after school to participate in this program.

If you have questions please do not hesitate to contact me at 608-565-2256 ext. 105.

Thank you! Linda