School Year _____/_____ Grade _____ Teacher _____

Summerville Elementary After School Program

You must enroll in the After School Program and attend the program each school day. The program operates from after school to 6:00pm. We encourage students to attend for the maximum time, but **they MUST stay for a minimum of one hour for academic enrichment activities. Students MUST complete their homework assignments.**
Student and parent must sign the following contract in order to be a part of the After School Program.

_____ _____
Student Name (Please Print) Parent/Guardian Name (Please Print)

_____ _____ _____ _____
Home Phone Cell Phone Work Phone Emergency Phone

_____
Address City Zip

_____ _____ _____ _____
Student's Age Student's Birth Date Doctor/Hospital Doctor Phone

STUDENT CONTRACT

I WILL COMPLETE MY HOMEWORK ASSIGNMENTS OR I WILL BE SUSPENDED FROM THE AFTER SCHOOL PROGRAM.

I agree that I will attend daily with no more than 1 unexcused absence per month.
I will sign in upon arrival and stay until I am signed out by a parent or guardian, unless I have a signed permission slip from a parent to walk home at the end of the program.
I will follow all school rules and all the rules of the After School Program.
I will respect all property, equipment, and staff.

_____ _____
Signature of Student Date

PARENT/GUARDIAN CONTRACT

I understand that if my child does not complete his/her homework assignments that he/she will be suspended from the program.

I will discuss this contract with my child.
I must pick my child up by 6:00pm and sign them out, or provide a permission slip, which allows my child to walk home or be picked up by someone else.

By signing below, I agree to hold the Summerville elementary School District, its agents and/or employees harmless from any liability, injury, or other cause arising from my child participating in the After School Program at his/her own risk.

I understand that if my child does not comply with the above requirements or has excessive absences that he/she may be suspended from the program.

_____ _____
Signature of Parent/Guardian Date

School Year _____/_____ Grade _____ Teacher _____

Summerville Elementary After School Program
Student Permission and Medical Form

PERMISSION FOR OTHERS TO PICK UP MY CHILD

Please list below and persons allowed to pick up your child:

_____ _____
Name Relationship

_____ _____
Name Relationship

_____ _____
Name Relationship

_____ _____
Name Relationship

PERMISSION FOR MY CHILD TO WALK HOME

By signing below I grant permission for my child to sign out and walk home following the After School Program:

_____ _____
Signature of Parent/Guardian Please Print Name

MEDICAL CONDITIONS/MEDICATIONS/ALLERGIES

Please list below any medical conditions or allergies your child may have that our staff should be aware of:

_____

_____

_____

Please list below any medications your child may take:

_____

_____