

# Little Oak Middle School

## AFTERCARE PROGRAM ENROLLMENT FORM

Student	Grade	Homeroom Teacher

Mother/Guardian Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### AUTHORIZED PERSONS FOR PICKUP OTHER THAN PARENTS

*Must be at least 18 years of age, have picture identification, and come in to sign out student. Any changes made to this list must be done in person or via note from the parent.*

Name	Relationship	Phone
		(____) ____ - ____
		(____) ____ - ____
		(____) ____ - ____
		(____) ____ - ____
		(____) ____ - ____

I have read and understand the procedures of the program.

If I or my student(s) do not adhere to the expectations and policies of the program,  
my student may be removed from the program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

## AFTERCARE PROGRAM ENROLLMENT FORM (con't)

Does the student have an IEP?                      Yes                      No

Does the student have a 504 plan?                      Yes                      No

Please list any allergies: \_\_\_\_\_

Please list any other important information about your student:

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