SOUTH MIDDLE SCHOOL AFTER SCHOOL CLUB AGREEMENT FORM

STUDENT INFORMATION			
First Name	**Last Name**		
Address		**Grade** (circle) 6 7 8 Other ____	**Date of Birth** Month Day Year

PARENT/GUARDIAN INFORMATION	
First Name	**Last Name**
Address	**Apt #**
Cell # **Home #** **Work #**	**Parent E-mail:**

IN CASE OF EMERGENCY (different from above)	
Emergency Contact Name:	
Address	**Apt#**
Phone#	**E-mail**

Special Needs	(please explain)

Do you have any illnesses, allergies, medical problems, or other conditions that our staff will need to know about in order to keep you safe during the program?

Yes	No	Describe:

PARTICIPANT AGREEMENT

In consideration of the benefits to be received, and in view of the fact that South MS will be caring for my child(ren) while providing homework assistance and recreational programs and that membership is voluntary, I agree to the following:

- ☐ **I understand that the after-school club follows the South Middle School's three R's: Respectful, Responsible, and Ready behaviors. I acknowledge that if rules are not followed that permanent removal is an option.**
- ☐ **All rules and expectations regarding behavior during the regular school day will apply during the club.**
- ☐ **I must report to the designated area immediately after school and remain there until 4:00 pm.**
- ☐ **I am permitted to leave before the club is over with parent/guardian permission to the coordinator, teacher or staff.**
- ☐ **I understand that I must be picked up by 4:00 pm by Door #1.**

Please sign and return this form to the club staff member.

I have read the policies listed and agree to follow the 3 R's.

Student Signature: _____ **Date:** _____

I have read the policies listed and give my child(ren) permission to participate in the club.

Parent/Guardian Signature: _____ **Date:** _____

Saved: K:Staff;Study Club 8/18/16