Hughes After-School Registration Form

Student’s Name (print)        Nick Name        Grade

Parent/Guardian Name        Email        Cell Phone

Home Address:                                   Home Phone

EMERGENCY INFORMATION (If Parents/Guardians can not be reached)

Adult Contact        Relationship        Phone Number

Allergies                                                   Special instructions

Medications:                                                   Limitations:

After-school activities will include a blend of homework assistance, tutoring, school clubs, community service, arts and crafts, leadership, cooking, recreation, and other activities. Students who participate can remain after school until late bus pick up or 5:30 p.m. for parent pick up.

Continued participation in the After-School Program is contingent on the student’s attention to school behavioral guidelines. Students may be denied participation and parents will be asked to pick up their child if the guidelines are not followed.

I, (student’s name) ____________________________ understand and agree to follow FCPS Student Rights and Responsibilities, the Langston Hughes School rules, and bus rules while participating in the After-School program. Sign: ____________________________________

I hereby grant permission for my child to participate in the After-School Program during the 2015/2016 school year. I understand that participation is voluntary and that some of the planned physical activities may expose my child to some potential injury. I agree that, to my knowledge, my child is physically and medically able to participate in these activities. If any injuries do occur, I understand that school personnel will respond in the same manner that occurs during regular school hours.

Parent/ Guardian Signature                                  Date