

Registration Form

Please return form as soon as possible

2020-2021 West Las Vegas After School Program

3:15pm- 5:30 pm

Monday- Thursday Grades K-8

Students Name: _____

Address: _____

City, State, Zip: _____

If student is 18 or younger, please complete the following:

Sex: Male ___ Female ___ Age _____ Date of Birth _____

Current Grade: _____ Homeroom Teacher: _____ School: _____

Telephone Numbers:

Daytime _____

Evening _____

Cell Phone _____

Work _____

Parent/Guardian _____ (Please print)

Parent/Guardian _____ (Please print)

Ethnicity: African American _____ Asian American _____ Caucasian American _____
Hispanic American _____ Native American _____ Other _____

Students Primary Language: English _____ Spanish _____ Other _____

The staff will be providing students with Homework help/tutoring, extra help in Math and Reading. Please keep in mind that our primary focus is always academics. We will also provide physical fitness activities for our students during our day. Some of the activities include the following areas: Walk for fun, running, bike riding, DDR, In-line skating, swimming, and more. All activities will incorporate math and reading. (Please keep in mind that during Covid 19 protocols, physical activity will be different and modifications will be made)

I understand that the physical activities involve some risk of injury and I will stress the importance of following the class rules when we discuss these activities at home.

I _____ give permission for my child to (parent/guardian signature) participate in the above activities. Yes _____ No _____

Physical Limitations: Yes _____ No _____

**If yes, please*

list: _____

Does your child have any allergies/food allergies? Yes _____ No _____

*If yes, please list: _____

Does your child have asthma? Yes _____ No _____

*If yes, does he/she require an inhaler? Yes _____ No _____

(If your child has asthma, we request that they bring their inhaler in order to participate in these events)

Insurance: Yes _____ No _____ If yes, please list _____

Continued on back

Your child may be photographed or video-taped for documentary purposes to be used in flyers, newspaper programs or program reports.

I _____ give permission for my child to be photographed or filmed.

Yes _____ No _____

Does your child know how to swim? Yes _____ No _____

Siblings Attending the program: (Please print name and grade) _____

Please provide the name of the person other than parent/guardian who will be responsible for the students pick-up and the relationship to the students Please make sure phone numbers are updated!

Name: _____ Relationship: _____

Phone number: _____

Name: _____ Relationship: _____

Phone number: _____

List any person **NOT ALLOWED** to pick up your child: (please provide legal documentation)

Name: _____

Name: _____

Does your child have permission to walk home after program?

Yes _____ No _____

Address to where students will be walking _____

Phone # _____

Please sign if you marked YES: _____

Please Do Not send valuables with your child. (Cell phones, iPads, Kindles, Purse, Wallets etc.
We are Not Responsible for lost or stolen items.)

We are hoping to start program on September 8, 2020