



After School Program-Session 5

Monday, April 29, 2019-Thursday, June 6, 2019

Student's Name:
Parent/Guardian's Name:
Address:
Phone Number:
E-Mail Address:

Please check off the group(s) in which your child would like to participate:

Intramurals Kickball (ages 13 and up)	Mondays & Tuesdays
<i>Lucky Punch Boxing (ages 12 and up)</i>	Tuesdays & Thursdays
Baking (ages 12 and up)	Mondays & Tuesdays
Farming & Gardening (ages 10-14)	Tuesdays & Thursdays
Lego Robotics (ages 10 and up) <i>*This group will be capped at six participants; first come first serve</i>	Mondays & Thursdays
<i>Right Brain Curriculum (ages 8-12), Business Sharks</i>	Tuesdays & Thursdays
<i>Right Brain Curriculum (ages 8-12), Writing Wizards</i>	Mondays & Wednesdays
<i>Joanne Langione Dance Center- Hip Hop Dance (ages 8-13)</i>	Wednesdays ONLY*
Yoga (ages 8-13)	Mondays & Wednesdays
Visual Digital Design (ages 13 and up) <i>*This group will be capped at eight participants; first come first serve</i>	Mondays & Thursdays

****Please read the COURSE DESCRIPTIONS on our website for a more in-depth look at each program****

Cost:

\$35 administrative fee

Checks payable to:

Learning Prep School

Please submit payment directly to our Business Office

The Learning Prep School (LPS) program provides all students with equal access to services, facilities, activities, and benefits regardless of race, color, sex, gender, identity, religion, national origin, disability or homelessness.



EMERGENCY TRANSPORTION INFORMATION FORM

STUDENT NAME:	
DATE OF BIRTH:	
ADDRESS:	
HOME PHONE NUMBER:	
PARENT/GUARDIAN NAME:	
PHONE NUMBER:	
Parent/Guardian 1:	Parent/Guardian 2:
EMAIL:	
Parent/Guardian 1:	Parent/Guardian 2:
EMERGENCY CONTACT INFO:	
Name:	Phone Number:
HEALTH PLAN AND #:	
My child [____ does/ ____ does not] have any known allergies	
**Please note that there will NOT be a nurse on-site during After School Programming	
My child's T-shirt size is _____	

MY CHILD WILL BE PICKED UP FROM THE AFTER SCHOOL PROGRAM AT 4PM BY:	CAB []	PARENT []
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IF YOU CHECKED OFF BUS / CAB, PLEASE COMPLETE THE FOLLOWING:

CAB COMPANY NAME: _____

CAB COMPANY'S PHONE #: _____

PLEASE NOTE THE FOLLOWING:

- All communication with the Bus/Cab Company is the Parent/Guardian's responsibility (i.e., days/time for pickup, cancellations, etc.).

PARENT/GUARDIAN SIGNATURE

DATE