

Ogden Middle School After School Activities: Fall 2019 - 2020

Student Name: _____ (F) / (M)
(first / last)

Grade: (6) (7) (8)
(circle one please)

Please mark below which activity you would like to participate in and return this form along with the fee (if necessary) to the main office. **BOTH SIDES MUST BE FILLED OUT COMPLETELY** to participate.

- _____ \$10 Art - w/ Pixler - Tuesday beginning September 17th (Rm 51)
- _____ \$10 Basketball Fun w/ Jory - Tuesday beginning September 17th (Sm Gym)
- _____ \$10 Builders Club w/ Austin - Tuesday beginning September 17th (Rm 30)
- _____ \$10 Color Guard w/ Samantha - Tuesday and Thursday beginning September 17th (Rm 30)
- _____ \$10 LA Study Hall - Tuesday w/ Bennett-McCue and Thursday w/ Dahlin beginning September 17th (Rm 6 & Rm 23)
- _____ \$10 Learn to Knit w/ Grenwis - Thursday beginning September 19th (Rm 12)
- _____ \$10 Ogden Gatherings w/ Officer Rohde, Jory, and Guests - EVERY OTHER Thursday (Sept. 26th, Oct. 10th, 24th, Nov. 7th) beginning September 26th (Rm 30)
- _____ \$10 Oregon Battle of the Books w/ Pence - Thursday beginning September 19th (Library)
- _____ \$10 Newspaper and Webpage w/ Reedy - Tuesday beginning September 17th (Rm 5)
- _____ \$10 Table Top Tuesday "Games" w/ Grove - Tuesday beginning September 17th (Rm 8)
- _____ \$10 Theater & Improv w/ Nodurft - Tuesday and Thursday beginning September 17th (Rm 67 & Stage)
- _____ \$10 Video Game Club w/ Rogers - Thursday beginning September 19th (Rm 52 / Tech Lab)

FYI:

- Bring a snack with you to eat at the beginning of the activity. Snacks WILL NOT be provided.
- All After School Activities begin at 3:35pm and end at 5:00pm.
- No supervision is available after 5:05pm and therefore, students not riding an after school activity bus home must be picked up on time. Student may be dropped from an activity if parent is unable to adhere to this policy.

Transportation:

- _____ **Yes**, I would like my student to ride the activity bus home after the activity that he / she has signed up for. I understand that the activity bus will drop my student off as close to the regular drop off as possible.
****FILL OUT BACK SIDE IF NEEDING BUS TRANSPORTATION****
- _____ **No thank you**, I will pick my student up no later than 5:00pm each day.

Parent Contact Info:

Mother: _____ Phone: _____ Phone: _____
Father: _____ Phone: _____ Phone: _____
Person to contact if parent cannot be reached: _____ Phone: _____

Parent / Guardian Permission:

I hereby grant permission for _____ to participate in the After School Activity program at Ogden Middle School. I recognize that as a result of participation, if medical treatment on an emergency basis should become necessary and / or school personnel are unable to contact me, the school is authorized to provide emergency care in the form of first aid or by calling 911 and / or arranging transportation to a medical facility.

School Activities Guidelines:

- Students are expected to follow the same rules and guidelines that are observed during regular school day (consequences will apply to after school activities the same way as during a regular school day).
- Students must be in regular school attendance the day of the activity in order to participate that day.

I have read and understand the above guidelines:

Student Signature: _____ Parent Signature: _____

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Request for *After School Activity* Transportation School Year

Student Information

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
Student ID:	<input type="text"/>	Middle Name:	<input type="text"/>
Home Phone:	<input type="text"/>	Last name Suffix:	<input type="text"/>
Gender:	<input type="text"/>	Legal Name:	<input type="text"/>
	<input type="text"/>		

Program

Activity:

School: Term: Fall Winter Spring

Grade:

Activity Days: Mon Tue Wed Thr Fri

Additional Information

Special Instructions:

Medical Instructions:

Other Notes:

Contact Information

	Name	Home Phone	Cell Phone	Work Phone	Relationship
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Addresses

	Number	Street	Apt.	City	State	Zip
Home:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Daycare:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Additional:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent Signature:

SIGNATURE	DATE
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