

Ogden Middle School After School Activities: Winter 2017 - 2018

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.

- _____ Homework Club - Tuesday and Thursday beginning January 23rd (room #67...work on or get some help with assignments).
- _____ Video Game Club - Tuesday beginning January 23rd (computer lab...play various video games past / present) Donations of old games or systems welcomed.
- _____ Theater and Improv (**\$5 fee**) - Tuesday and Thursday beginning January 23rd (stage...get to be creative and expressive).
- _____ Cross Stitching (**\$5 fee**) - Tuesday beginning January 23rd (B2...learn to stitch).
- _____ Oregon Battle Of Books - Thursday beginning January 25th (library...a reading challenge).
- _____ Full "STEAM" Ahead - Thursday beginning January 25th (room #23...fun with Science, Technology, Engineering, Art, and Math).
- _____ Culture Club (**\$5 fee**) - Tuesday and Thursday beginning January 23rd (staff room...art and food from different cultures).

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: _____

Date: _____

Date: _____

Ogden's Office Notes: ___ Cash / ___ Check # _____ / Added to Transportation List:

Ogden Middle School After School Activities: Fall 2017 - 2018

Request for *After School Activity* Transportation 17 / 18 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 |
|-----------|------|