

# Ogden Middle School After School Activities: Fall 2018 - 2019

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 Archery - Tuesday and Thursday beginning Sept. 18th **\*\*first 3 weeks\*\*** (play shed...basic archery skills)
- \_\_\_\_\_ \$10 Builders Club - Tuesday beginning Sept. 18th (room #woodshop...working together as leaders to serve the community and school)
- \_\_\_\_\_ \$10 Color Guard - Tuesday Sept. 18th (lobby...presenting the colors of our flag)
- \_\_\_\_\_ \$10 Creative Writing - Tuesday and Thursday beginning Sept. 18th (library...creative thoughts into words)
- \_\_\_\_\_ \$10 Fitness and Training - Tuesday and Thursday beginning Sept. 18th (weight room...strength and fitness)
- \_\_\_\_\_ \$10 Green Team - Tuesday and Thursday beginning Sept. 18th (room #7...being good humans for the Earth)
- \_\_\_\_\_ \$10 Improv & Large Games - Thursday beginning Sept. 20th (stage...improv and games like "werewolf")
- \_\_\_\_\_ \$10 L.A. Study Hall - Tuesday and Thursday beginning Sept. 18th (room #23 / D1...help with reading and writing)
- \_\_\_\_\_ \$20 Theater & Performance - Tuesday beginning Sept. 18th (stage...a chance to be creative and expressive)

**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 aide 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:

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## 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
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