

After School Activity Permission Form
Fall Session 2017
September 19th – November 17th 3:30-4:30

Student Name: _____ Grade Level: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Phone Number: _____ Alternate Number: _____

If your child does not want to stay or forgets to stay, please provide us with the contact information of the person responsible for your child after school.

Name: _____ Relationship: _____

Phone Number: _____ Alternate Number: _____

If you would like email notifications about your child's club, please provide your email address below:

Email address: _____

Please **circle** your choices. Space is limited. Sign-up early to reserve your spot!

Board Game Club

*Grade levels – 5-8
Day – Tuesdays
Instructor – Ms. Boulanger*

**RC Club Beginners
Session**

*Grade levels – 4-8
Day – Tuesdays
Instructor - Mr. Horn
Limited to 10 students*

Garden Club

*Grade levels – 3-8
Day – Tuesdays
Instructor – Mrs. Knowlton*

Amnesty International

*Grade levels – 6 - 8
Day – Tuesdays
Instructors – Ms. Aubrey & Miss
Bourke*

Lacrosse Club

*Grade levels – 5-8
Day – Wednesdays
Instructor – Mr. Gillotti*

Drama Club

*Grade levels – 5-8
Day – Wednesdays
Instructors – Mrs. Ignatowicz &
Miss Ignatowicz
Limited to 10 students*

Kitchen Table Club

*Grade levels – 3-8
Day – Thursdays
Instructor – Ms. Aubrey*

**School News Broadcast
Club**

*Grades Levels – 5-8
Day – Thursdays
Instructor – Mrs. Craven*

Will the student be taking the late bus every time?

- Yes
- No
- Sometimes **(Please send a note on the day of the activity indicating how he or she will be getting home that day.)**

Parent/Guardian Signature: _____ Date _____