

Floris PTA Before/After School Program Information & Waiver Form

Program Name _____

Child's Name _____ Teacher _____ Grade _____

Parent/Guardian Name _____

Home Phone _____ Cell Phone _____

Email Address _____

Emergency Contact _____ Phone _____

Please describe any health problems, special needs or conditions that we should know about:

Dismissal/Early Pick-up Information

Please provide the following dismissal or early pick-up information:

_____ My child will be picked up by: _____ Phone _____

_____ Phone _____

_____ Phone _____

_____ My child has permission to walk home _____

(parent signature)

_____ My child will be picked up by the SACC staff

_____ Before School Activity, my child will be dismissed to the school.

Parent Agreement

Please initial the following statements:

_____ I understand that my child must adhere to the FCPS rules of conduct and will be removed from the program if he/she fails to demonstrate behavior that is conducive to learning.

_____ I understand that my child (participating in an after school program) must be picked up on time and will be removed from the class after three late pickups (15 minutes or later).

_____ As parent/guardian of the above student, I certify that he/she is in excellent health and has no physical, mental or emotional problems which are likely to prevent participation. I am allowing my child to participate in this program at his/her own risk. By my signature below, I

_____ (my printed name), agree to pay for any medical expenses incurred by my child _____ (my child's printed name) as a result of participating in this PTA sponsored activity/program and will not hold the school, the PTA, the Program Provider, or its staff or volunteers liable for any reason related to my child's participation in the program.

Parent Signature _____ Date _____