

FAIRFAX COUNTY PUBLIC SCHOOLS
Holmes Middle School After-School Program
Registration Form
2009-2010

STUDENT ID # _____
Student's NAME (print): _____ **GRADE:** _____
Address: _____
1st Contact/Parent/Guardian Name: _____
Home Phone: _____ **Cell/Pager:** _____
Mother's Work Phone: _____ **Father's Work Phone:** _____
Mother's E-mail _____ **Father's E-mail** _____

EMERGENCY INFORMATION:

Doctor's Name: _____ **Telephone:** _____
Medicine/Condition awareness: _____
Other Information:
Allergies: Insect bites Food (please specify): _____
Other allergies: _____
Medications: _____

After-school activities will be a blend of homework assistance, tutoring, school clubs, community service, arts and crafts, leadership, cooking, recreation and sports, and other activities. Students who participate will remain after school on the days and times shown below. Students will be provided a small snack and bus transportation home on the days indicated. Bus stops may differ from the regular bus stops.

Please check the days your child will be attending the After-School Program and the appropriate pick up time:

- | | | |
|-------------|-------------------|-------------------------|
| ☉ Monday | _ 4:15 (Late bus) | _ 5:45 (Parent pick-up) |
| ☉ Tuesday | | _ 5:45 (Parent pick-up) |
| ☉ Wednesday | _ 4:15 (Late bus) | _ 5:45 (Parent pick-up) |
| ☉ Thursday | _ 5:15 (Late bus) | _ 5:45 (Parent pick-up) |
| ☉ Friday | | _ 5:45 (Parent pick-up) |

Continued participation in the After-School Program is contingent on the student's attention to school behavioral guidelines. Student participation in the After-School Program may be denied and parents may be asked to pick up their child if the guidelines, including chronic lateness to check-in, are not followed.

I, (student's signature) _____ understand and agree to follow FCPS Student Rights and Responsibilities, the Holmes Middle School Rules and the Holmes Bus Rules while participating in the After-School Program.

I hereby grant permission for my child to participate in the Holmes MS After-School Program during the 2008 - 09 school years. I understand that participation by my child is completely voluntary, and that some of the planned physical activities may expose my child to some potential injury. I agree that, to my knowledge, my child is physically and medically able to participate in these activities. If any injuries do occur to my child, I also understand that school personnel will respond in the same manner that occurs during regular school hours. I understand that my child's participation might be denied if my child is picked up late more than twice during the school year.

Parent/Guardian Signature: _____ **Date:** _____

In case of early closing due to inclement weather or emergency conditions, all after-school activities will be canceled and all students will be sent home on their regular buses.