



Hughes After-School
 An after-school program for all students!
Registration Form

Student's Name (print): _____ Nick Name: _____

Middle School Team: _____ Grade: _____

Parent/Guardian Name: _____ Email: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Mother's Work Phone: _____ Father's Work Phone: _____

EMERGENCY INFORMATION (If mother or father can not be reached)

Adult Contact: _____ Relationship: _____

Primary Phone Number: _____ Back-up number: _____

Allergies: _____

Special instructions: _____

Medications: _____ Limitations: _____

After-school activities will include a blend of homework assistance, tutoring, school clubs, community service, arts and crafts, leadership, cooking, recreation, and other activities. Students who participate can remain after school until late bus pick up or 6:00 p.m. for parent pick up. Students will be provided a snack during the program hours.

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

I, (student's name) _____ understand and agree to follow FCPS Student Rights and Responsibilities, the Langston Hughes School rules, and bus rules while participating in the program. Sign: _____

I hereby grant permission for my child to participate in the **After-School Program** during the 2009/2010 school year. I understand that participation is 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, I understand that school personnel will respond in the same manner that occurs during regular school hours. I understand that a **late fee** will be charged for late pick up.

Parent/ Guardian Signature: _____ Date: _____