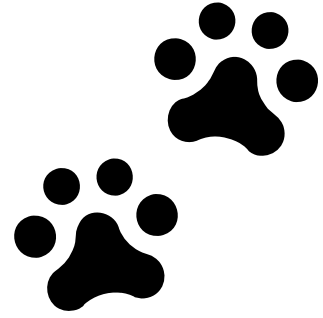


**FAIRFAX COUNTY PUBLIC SCHOOLS
KILMER MIDDLE SCHOOL AFTER-SCHOOL PROGRAM
REGISTRATION FORM – COUGARS' DEN & intramurals**



Cougars' Den begins Tuesday, October 2, 2007

Student Name: (please print): _____

Grade: _____ Counselor: _____

Parent/Guardian Name: _____ Home Phone: _____ Cell: _____

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

EMERGENCY INFORMATION

Adult Contact: _____ Relationship: _____

Emergency Phone: _____ Cell/Pager: _____

Other Emergency Information: _____

Allergies Insect bites Food (please specify):

Other Allergies: _____

Medications: _____

After-school activities will be a blend of homework assistance, recreational activities, and positive youth development programs. Students who participate will remain after school on the days and times shown below. Students will be provided a small snack.

Please check the days your child will be attending the after-school program:

- Monday – Intramurals 2:30 – 3:35 (late bus)**
- Tuesday – Cougar's Den, 2:30 – 6:00 (parent pickup)**
- Wednesday – Intramurals, 2:30-3:50 (late bus)**
- Thursday – Cougar's Den, 2:30 – 6:00 (parent pickup)**
- Friday – Cougar's Den, 2:30 – 6:00 (parent pickup)**

Continued participation in the After-School Program is contingent upon 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's Responsibilities and Rights and the Kilmer School rules while participating in the after-school program.

I hereby grant permission for my child to participate in the Kilmer Middle School After-School Program during the 2007-2008 school year. 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 as they would during regular school hours. I understand that a late fee (\$5.00 for every 15 minutes or fraction thereof) will be charged if my child is not picked up by 6:15 p.m. and that my child will be removed from the after-school program after three late pickups.

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

In case of early closing, inclement weather, or emergency conditions, all after school activities will be cancelled and all bus students will be sent home on their regular buses or on early bus schedules.