

**FAIRFAX COUNTY PUBLIC SCHOOLS**  
**Lake Braddock After-School Middle School Bruin Cubs Consent/Registration Form**

**STUDENT NAME (print):** \_\_\_\_\_

**MIDDLE SCHOOL TEAM:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student Cell/Pager: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

**EMERGENCY INFORMATION (If Parent Is Not Available):**

Adult Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ Cell/Pager: \_\_\_\_\_

Other Information:

Allergies: Insect bites F Food (please specify): \_\_\_\_\_

Other allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

**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 LBSS School Rules and the LBSS Bus Rules while participating in the After-School Program.**

I hereby grant permission for my child to participate in the LBSS 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 in the same manner that occurs during regular school hours.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Parents, please note Tuesday and Fridays are **NON-LATE BUS DAYS**. After-school activities will be held on these days, but students will either have to walk home or **MUST BE PICKED UP BY A PARENT AT THE SCHOOL ENTRANCE BY 5:00 pm**.

If your child does attend on either of these days, please indicate below if they will walk or ride home from Lake Braddock:

- |                                  |                             |                                    |   |
|----------------------------------|-----------------------------|------------------------------------|---|
| <input type="checkbox"/> Tuesday | 2:30 – 5:00 @ Lake Braddock | <input type="checkbox"/> Walk Home | <input type="checkbox"/> Parent Pick-up |
| <input type="checkbox"/> Friday  | 2:30 – 5:00 @ Lake Braddock | <input type="checkbox"/> Walk Home | <input type="checkbox"/> Parent Pick-up |

**For More Information about Bruin Cubs Contact:**  
**Michelle Birkenstock, Lake Braddock Secondary School, After-School Specialist, 9200 Burke Lake Road, Burke, VA 22015,**  
**[Michelle.Birkenstock@fcps.edu](mailto:Michelle.Birkenstock@fcps.edu), Tel-703-426-1134 Fax-703-426-1093**



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