

Return form to After School Programs Office (across from cafeteria)

**FAIRFAX COUNTY PUBLIC SCHOOLS
Luther Jackson Middle School
Climbing Tigers' After-School Program
Registration Form**

Student ID _____
Team _____

STUDENT NAME (print): _____

Address: _____

Parent/Guardian Name: _____

Home Phone: _____ Cell/Pager: _____

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

EMERGENCY INFORMATION:

Adult Contact: _____ Relationship: _____

Emergency Phone: _____ Cell/Pager: _____

Other Information:

Allergies: Insect bites Food (please specify): _____

Other allergies: _____

Medications: _____

After-school activities will be a mix of homework assistance, tutoring, school clubs, community service, fine arts, leadership, cooking, sports, and other activities. Specific information on the offered activities is available at the school and the school's website. Students who participate will remain after school on the days and times shown below. Some activities may provide food. Students will be provided bus transportation home on Mondays, Wednesdays and Thursdays. *Bus stops may differ from the regular bus stops.*

Please check the days your child will be attending the Climbing Tigers' After-School Program:

Bus Days and times

- Monday 2:50 – 3:30**
- Wednesday 2:50 – 4:00**
- Thursday 2:50 – 4:00**

Parent pick up days and times

- Friday 2:50-6:00**

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.

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

I hereby grant permission for my child to participate in the Climbing Tigers' 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. I understand that Fairfax County Public Schools does not provide any type of accident, health, or other medical insurance for its students, including those who participate in the After-School Program. If any injuries do occur to my child, I understand that school personnel will respond in the same manner that occurs during regular school hours. I also give my permission for my child to be photographed for publication on LJTV, LJMS' website and FCPS' website.

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.

Last late bus June 5, 2008