



# AFTER SCHOOL

PROGRAM 2019-2020

- Homework Club – Daily 7:00 – 7:30 a.m.
- Afterschool Classes – 3:00 – 5:15 p.m.
- Dinner provided to all students
- Bus Transportation is provided
- Cost is free to all PT Coe students
- Signup forms available in the office
- Look for new classes to begin



For more information contact:  
 Lonnie Scheepstra  
 21<sup>st</sup> Century After School  
 Program Coordinator  
 lscheepstra@isaacschools.org  
 (602) 442-2400



**ISAAC SCHOOL DISTRICT NO. 5**  
**21<sup>st</sup> Century Extended Day Program**  
 Student Registration Form

**SCHOOL NAME:**

Student's Name		Grade in 2018-2019
Address		Teacher
City	AZ	Zip
Birth date		Age

**EMERGENCY INFORMATION**

Mother's Name		Father's Name	
Mother's Home Phone ( ) ( )	Work ( )	E-mail ( )	
Father's Home Phone ( ) ( )	Work ( )	E-mail ( )	
Emergency Contact (Name & Relationship)		Emergency Contact's Phone Number ( )	

Is there anyone that may NOT pick up your child? (Name): \_\_\_\_\_

If so, does your child recognize this person and know they can't leave with them? (Circle) YES NO

Please list any allergies, medications, behaviors, other important medical information or limitations we should know about your child for their well-being, as well as the well-being of others in the activity.

<p>How will your child get home? Check all that apply</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th align="center"><u>Bus</u></th> <th align="center"><u>Picked Up</u></th> <th align="center"><u>Walks</u></th> </tr> </thead> <tbody> <tr><td>Monday</td><td align="center">___</td><td align="center">___</td><td align="center">___</td></tr> <tr><td>Tuesday</td><td align="center">___</td><td align="center">___</td><td align="center">___</td></tr> <tr><td>Wednesday</td><td align="center">___</td><td align="center">___</td><td align="center">___</td></tr> <tr><td>Thursday</td><td align="center">___</td><td align="center">___</td><td align="center">___</td></tr> <tr><td>Friday</td><td align="center">___</td><td align="center">___</td><td align="center">___</td></tr> </tbody> </table>		<u>Bus</u>	<u>Picked Up</u>	<u>Walks</u>	Monday	___	___	___	Tuesday	___	___	___	Wednesday	___	___	___	Thursday	___	___	___	Friday	___	___	___	<p><input type="checkbox"/> Yes, I grant permission for my child's photograph to be taken. These photographs may be used by ISD for publicity purposes including brochures, District reports or news releases at the discretion of the ISD administration.</p>
	<u>Bus</u>	<u>Picked Up</u>	<u>Walks</u>																						
Monday	___	___	___																						
Tuesday	___	___	___																						
Wednesday	___	___	___																						
Thursday	___	___	___																						
Friday	___	___	___																						

**By signing this form you indicate the desire for your child to participate in the Isaac School District's 21<sup>st</sup> Century Program at their school. You also indicate that you understand that this is an educational and recreational program, not "child care." You should discuss with your child that violations of program rules may result in their withdrawal from the program.**

Parent's Name (please print): \_\_\_\_\_

Parent's Signature: _____	Date: _____
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<b>FOR OFFICE USE ONLY</b>	RECEIVED BY: _____	
Student Perm ID: _____	Date received: _____	
Class: _____	ELL Student: Y N	SPED Student: Y N
] ACADEMIC	] ENRICHMENT	] RECREATIONAL

**Questions? Contact your school 21st CCLC Site Coordinator.**