

Before and Afterschool Student Intervention Services Registration Form

2009-2010

**COMPLETE THIS ENTIRE FORM AND RETURN IT TO SCHOOL WITH YOUR CHILD:
On September 9, for Before School Students and By September 18, for Afterschool Students**

Student's Name _____ **Grade Level** _____

I plan for my child to attend: (circle your choice)

Before School Intervention

Afterschool Intervention

Both Interventions

Teachers' Names _____

Daily / Regular Bus Number _____ Bus Driver's Name _____

Walker: Yes No Who will pick up child _____

Parent(s) /Guardian(s) Names _____

Address Street _____

City _____ Zip _____

Home Telephone Number _____

Work Telephone Number _____

Cell Phone Number _____

Emergency Contact Info: Names _____

Home Telephone Number _____

Work Telephone Number _____

Cell Phone Number _____

My child, _____, has permission to attend
Before and / or After School Student Intervention Services.

My child, _____, also has permission to
participate in group and individual counseling sessions with Dr. Gene Smiley,
Professional Clinical Counselor and Licensed Social Worker, whose services are
provided through our 21st Century Grant.

Parent/Guardian _____ Date _____