

*Please fill out this form completely and return to Site Director no later than Friday, September 11, 2009.*

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade Level \_\_\_\_\_ Homeroom # & Teacher \_\_\_\_\_  
Gender (check one): M \_\_\_ F \_\_\_ Ethnicity \_\_\_\_\_ Free Lunch \_\_\_ Reduced Lunch \_\_\_  
Home Phone \_\_\_\_\_ Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_  
Father's Name \_\_\_\_\_ Day Phone \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_  
Provide two of the above phone numbers for the PENN alert system in case of early dismissal or other emergency. #1 \_\_\_\_\_ #2 \_\_\_\_\_  
*It is your responsibility to notify the Site Director if your contact information or schedule changes.*

**EMERGENCY CONTACTS (Other than parents)**

Name: \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Name: \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**My son/daughter has my permission to be dismissed from the afterschool program as follows:**

- Will walk home. I am aware that there are no crossing guards at this time of day.
- Will be picked up and is only allowed to leave with \_\_\_\_\_

**Project EXTRA! does not provide transportation.**

**RELEASE**

I give permission for the Site Director to have access to my son/daughter's health and academic records. **Initials:** \_\_\_\_\_

My son/daughter's primary care physician: Name \_\_\_\_\_ Phone number: \_\_\_\_\_

Any chronic condition(s), allergies or medications that could be important in case of sudden illness or injury:  
\_\_\_\_\_  
\_\_\_\_\_

I hereby give permission for the staff of Project EXTRA! to provide simple first aid treatment to my child when necessary. In the event of a more serious illness or injury, I give permission for my child to be transported to a hospital to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by child care program personnel as soon as possible regarding any emergency involving my child. **Initials:** \_\_\_\_\_

I give permission to the afterschool program staff to photograph or video graph my son/daughter for use on the school website or in promotional material (or both) for the program. **Initials:** \_\_\_\_\_ **Yes**  **No**

I agree to hold harmless and indemnify Laconia School District, Project EXTRA!, and its officers, agents, employees, volunteers and contractors from all claims, demands, causes of action that arise from any unintentional or claimed negligent act or omission resulting from any student's participation in the afterschool program. **Initials:** \_\_\_\_\_

\_\_\_\_\_  
**Signature Parent/Guardian**

\_\_\_\_\_  
**Date**

TIME	MONDAY - THURSDAY	FRIDAY
3:00–3:40	Recess & Snack	
3:45–4:25	Homework Clubs	Fun Day!
4:30–5:15	Enrichment	
5:15-5:30	Dismissal	

Your child will attend Homework and Enrichment each day. Students will get opportunities to experience all classes over the course of the year.

Please indicate the days your child will attend program.

Monday      Tuesday      Wednesday      Thursday      Friday

Project EXTRA! staff wants your child's afterschool experience to be a positive one. We hope to provide a relaxed environment in which students can learn and have fun. Students are held to the Elm Street School's Student Behavior Standards. Repeated disruption either on the school grounds or on the bus may result in being dismissed from the program and a loss of fee.

Project EXTRA! does not operate on early release days. If school is cancelled due to inclement weather or due to some other unforeseen event, you will be notified by PENN alert. Program days will not be made up for these situations.

How to Register Your Child:

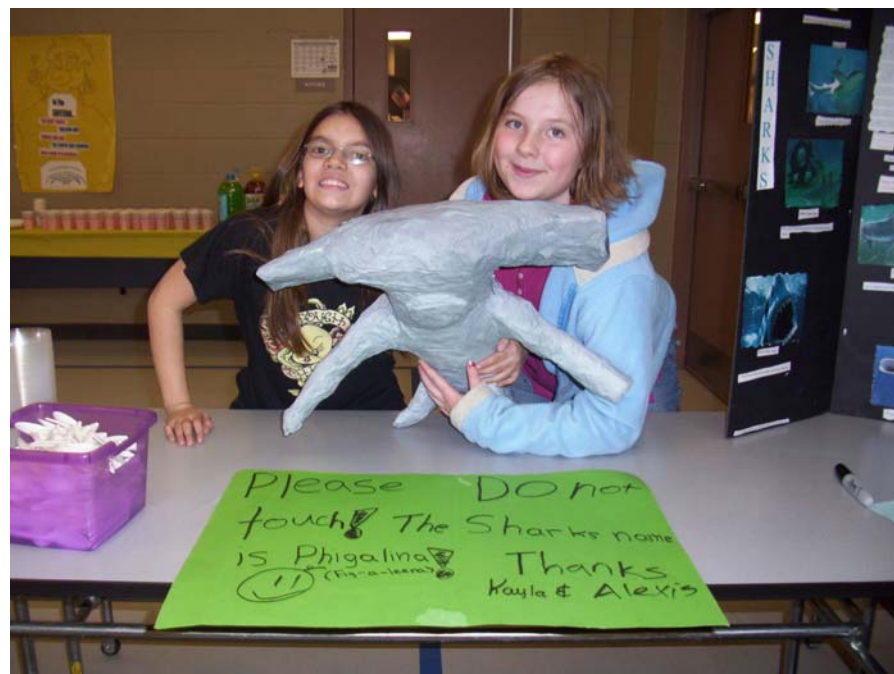
- Fill out the registration form. Incomplete forms will delay your child's registration.
- Childcare Scholarship Assistance is available through the Division of Health and Human Services (DHHS) for those who qualify. *Contact the Site Director for more information.*
- We do not contact parents to confirm enrollment. Assume your child is registered unless you are contacted.
- *Any parent who has an outstanding balance will be contacted prior to finalizing registration, in order to make payment arrangements.*
- **The weekly fee is \$35. The fee for the first week must be included with the registration.**

\$ \_\_\_\_\_ is enclosed.

For additional information regarding the Project EXTRA! program, contact Christy Cunningham at 524-4113.



## Elm Street School 2009/2010



Christy Cunningham, Site Director  
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524-4113