



High School Explore After School Program

- Registration:** Please fill out the attached form and return it to the High School Student Services Office.
- Program Days/Times:** Monday-Thursday October 3, 2011-May 23, 2012 3:00-5:00
We are currently accepting applications.
**There will be no program on days when there is no school. There is no program on Thursday when school is closed on Friday.*
- Cost:** A donation is requested to assist with the cost of the program. The program is free for those who cannot make a donation. The program is supported by community donations, fundraising and grants

If you can make a donation, please make checks payable to Alma Public School and send to Susan Smoker at the Alma Middle School, 1700 N. Pine Avenue, Alma, MI 48801.
- Academic Support:** High School Students will have the opportunity to work on homework, study for test or increase there skills in various academic areas with college student homework helpers.
- Location:** Alma High School Room A105

If you have any questions you may direct them to Susan Smoker at 463-3111 ext. 6295 or ssmoker@almaschools.net



High School Explore After School Program Registration

Student's Name _____ Grade _____

Mailing address _____ City _____ State _____ Zip _____

Home phone _____ Cell Phone _____ Email _____

This student will live with (**circle one**): Mother Father Both Guardian Other

Father _____ Employed at _____ Work # _____

Mother _____ Employed at _____ Work # _____

Guardian _____ Employed at _____ Work # _____

Do you have any safety concerns for your student regarding custody or other issues that we should be aware of?
 Yes No If yes, please explain: _____

Health Problems: None Asthma Diabetes Epilepsy Other _____

Allergies: None Bee stings Foods (list) _____ Other _____

Doctor's restrictions on activities: _____ None

Daily medications taken _____ None

Emergency Contacts. Please list three neighbors or nearby relatives that we may contact and release your student to if necessary. In case your student is ill, we will call parents first.

Name _____ Relationship _____ Day Phone _____

Name _____ Relationship _____ Day Phone _____

Name _____ Relationship _____ Day Phone _____

In case of an accident or serious illness, I request the program contact me. *If the program is unable to reach me,* I authorize the program to contact the people listed above or my physician:

Physician's Name _____ Phone _____

If it is impossible to contact these sources, the school may make whatever arrangements seem necessary.

Signature _____ Date _____

PARENT PERMISSION IS REQUIRED FOR ALL PROGRAMS

I the undersigned parent/guardian having legal custody/legal guardianship of said minor, give permission for them to attend the Explore After School Program. Said minor is physically and mentally prepared to participate in all activities as described for said program. I hereby knowingly assume all risks and dangers inherent and incidental to the activities for which I have given permission and thereby, will not hold the Alma Public Schools, Explore Program, and staff liable for any injuries incurred during these activities.

I do hereby grant permission for photos and video of my child to be used by the Explore Program for promotional and educational purposes.

Parent/Guardian Signature _____ Date _____