

Community Learning Center 2018-2019

Before School Matters days attending:

M ___ T ___ W ___ R ___ F ___ Punch Card _____

After School Matters days attending:

M ___ T ___ W ___ R ___ F ___

Requested Start Date: _____

Requested Start Date: _____

After School Matters - this student will: Take Bus Home* _____ Be picked up _____

*(BUTTE DES MORTS, GEGAN, JEF/NIC ONLY - Students must sign up for busing by Thursday to be added to a new bus roster beginning each Monday).

Student Last Name: _____ Student First Name: _____

List any **special needs**, **food allergies** or **medications**: _____

Student's home address: _____ City: _____ Zip Code: _____

School: _____ Grade in 2018-2019: _____ Birth date: _____ Age: _____

PARENT/GUARDIAN	PARENT/GUARDIAN	LOCAL EMERGENCY CONTACT
Name: _____	Name: _____	Name: _____
Phone: _____	Phone: _____	Phone: _____
Relationship: _____	Relationship: _____	Relationship: _____
E-Mail: _____	E-Mail: _____	E-Mail: _____

Before School Matters:

- **All students must be escorted into the building by parent/guardian. Sign in is required.**

After School Matters:

- The program ends at 5:30 p.m. Pick up from the program is only between 4:30-5:30 p.m. Monday-Friday. Pick up doors lock at 5:35 p.m.
- Failure to pick up by 5:35 p.m. will result in a three week suspension from the program. If students are not picked up by 5:35 p.m., the police will be called to assist the CLC.

MJSD Community Learning Center Consent:

I understand the programs offered by the CLC are for the purpose of extended learning opportunities & enrichment. I understand the mission of the CLC is to improve student achievement & support positive development in youth.

I give permission for my child to participate in CLC activities and fieldtrips. I also give consent for the CLC and school day staff to share educational information about my child. I give permission for the CLC to share demographic information such as the ethnicity of my child with partnering organizations.

The CLC will refer to the photo consent I provide the school if pictures are taken for public relations; however, I understand the CLC occasionally takes photos of the students for projects displayed in the school and projects taken home.

If a medical emergency arises, I understand that staff will take all necessary steps to ensure proper care and safety of my child; however, I understand the CLC may need to call for emergency help. I am responsible for any medical expenses and ambulance transportation costs.

Signature _____ Print name _____

Today's date _____

Office Use Only Below

- Fees are based on lunch status.
- Fees will not be pro-rated if registering anytime during the quarter.
- Fees will not be refunded.

BSM		F R L	
1 Qtr	2 Qtr	3 Qtr	4 Qtr
Date	Date	Date	Date
Amt. Paid	Amt. Paid	Amt. Paid	Amt. Paid
Chk. # or Cash	Chk. # or Cash	Chk. # or Cash	Chk. # or Cash

Fees for Before School Matters

Fees Each Quarter	Full Price Quarterly	Free/Reduced Quarterly
2-3 days a week	\$55.00	\$25.00
4-5 days a week	\$80.00	\$35.00
Punch Card	\$70.00 for 10 sessions	

ASM		F R L	
1 Qtr	2 Qtr	3 Qtr	4 Qtr
Date	Date	Date	Date
Amt. Paid	Amt. Paid	Amt. Paid	Amt. Paid
Chk. # or Cash	Chk. # or Cash	Chk. # or Cash	Chk. # or Cash

Fees for After School Matters

Fees Each Quarter	Full Price Quarterly	Free/Reduced Quarterly
2-3 days a week	\$35.00	\$20.00
4-5 days a week	\$45.00	\$30.00

Consent to share: Yes _____ No _____ No Program Days given: Yes _____ No _____

Handbook given: Yes _____ No _____ Winter Weather Policy given: Yes _____ No _____

Flagged BSM _____ Flagged ASM _____