

BLUE CREW

After School Matters

2018-2019

Blue Crew office:
920-967-1624
ottestadm@mjsd.k12.wi.us
Call or email Megan Ottestad with
questions or to request information.

Student Information

Last Name: _____ First Name: _____ Grade: _____

Address: _____ City: _____ Zip: _____

Special Needs/Consideration

List any special needs, food allergies or medications: _____

Participation

Requested Start Date: _____ My child participates in fall sports: Yes _____ No _____

My child will attend Blue Crew: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

****Students are responsible for attending Blue Crew on the days scheduled. Please call the Blue Crew office to make schedule changes or check the status of your child's attendance. The Blue Crew Site Coordinator does not contact parents when a student does not attend the program.**

My child will: Ride the Late Jay Bus after Blue Crew: Home _____ Boys and Girls Club-Menasha: _____

Be picked up: _____ Walk/Bike: _____ (Initial here to grant permission for child to sign themselves out) _____

The Late Jay Bus leaves Maplewood Blue Crew at 5:00 p.m. The Late Jay Bus is a valued service and often has a waiting list for students. If you have signed up for the Late Jay, your child is expected to ride the bus on the days he/she attends Blue Crew. Furthermore, the Late Jay Bus is funded by a grant for students attending Blue Crew and cannot be used by students needing transportation home from sports or other after school activities. Please allow two days processing time before child may ride the Late Jay Bus.

Community Learning Center Consent

I understand Blue Crew ends promptly at 5:00 p.m. Failure to pick up my child by 5:15 p.m. will result in a three week suspension from the program and the police will be called to help locate a responsible adult to pick up my child.

I give permission for my child to participate in Community Learning Center (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 participants with the partnering organizations of the CLC.

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.

Print Parent/Guardian Name

Date

Parent/Guardian Signature

Parent/Guardian Phone Number

Parent/Guardian Email Address