Hawks Stay After

HAYFIELD MIDDLE SCHOOL'S AFTER SCHOOL PROGRAM

REGISTRATION FORM

STUDENT'S NAME (print): _____ GENDER: M F GRADE: 7 8

Address: _____

Parent/Guardian's Name(s): _____

Home Phone: _____ Cell Phone: _____

Mother's Work Phone: _____Father's Work Phone: _____

E-mail Address_____

EMERGENCY INFORMATION:

Adult Contact: _____ Relationship: _____

Emergency Phone: _____ Cell Phone: _____

Allergies: Insect bites Food (please specify): _____

Medications: _____

Transportation Information: (Please check one) My child will: Ride Bus _____ Walk Home_____

Hours of Operation

Monday—Friday 2:55 – 5:00

Late bus days Monday (4:30), Wednesday (4:30) and Thursday (4:30). Bus stops may differ from the regular route.
In case of early closing due to inclement weather or emergency conditions, all after-school activities will be canceled and all students will be sent home on their regular buses.
Please note that parents must pick up their student before 5:00pm unless they are riding a late bus.
If the After-School Program is still in progress parents must come into the building to sign the child out.
This is for the safety of your child and we appreciate your concerns and cooperation.

☐ **If either parent is a member of the U.S. Army or works for the U.S. Army please check here. Then, you will be contacted so that your U.S. Army issued ID may be visually verified for reporting purposes.**

Continued participation in the After-School Program is contingent on the student's attention to school behavioral guidelines. Student participation in the After-School Program may be denied and parents may be asked to pick up their child if the guidelines (including chronic lateness to check-in or pick-up) are not followed.

I understand and agree to follow FCPS Student Rights and Responsibilities, the Hayfield School Rules and the Hayfield Bus Rules while participating in the After-School Program. I will also communicate with my parents in advance on which days I will stay after school. I have read and agree to follow the above rules.

Student Signature: _____ Date: _____

I hereby grant permission for my child to participate in the Hayfield After-School Program during the 2018-2019 school year. I understand that participation by my child is completely voluntary, and that some of the planned physical activities may expose my child to potential injury. I agree that, to my knowledge, my child is physically and medically able to participate in these activities. If any injuries do occur to my child, I also understand that school personnel will respond in the same manner that occurs during regular school hours. I acknowledge reading After-School Program Rule and will respond to any discipline issues.

Parent/Guardian Signature: _____Date: _____