



1. Student Information

Name: _____

School (day time): _____ Birth Date: _____

Grade: _____ Teacher: _____ Class: _____

After School location: _____

Allergies/Food: _____ Chronic Illness/Medication: _____

Strengths/Needs: _____

Notes: _____

Campus Tracks (Circle 1 or more):

Technology

Health & Wellness

Entrepreneurship

Violence
Prevention

Culture, Media, &
Performing Arts

2. Parent/Guardian Information

Name: _____

Address: _____

Mobile Phone: _____

Email Address: _____

Social Media (Facebook, Twitter, etc): _____

I give my consent for my child to attend the After School Program and participate in its activities.

Yes No

Parent/Legal Guardian Signature _____

Date _____