



2016 – 2017 After School Program High School Registration Form City Honors School

The Buffalo Public School District is offering After School programs for students in grades K-12. This program is an initiative of the Superintendent's "New Educational Bargain," focusing on "Extended Learning Excellence for All Our Students." The goal of the 2016-2017 After School Program is to provide quality, sustainable, extended time programs to help students become healthy, college and career ready and contributing members of their community. The District Extended Learning model for 2016-2017 is a 3-part framework, placing an emphasis on strategies that support a whole-child approach to learning:

1. Academic Enrichment – activities that supplement, enhance or reinforce what is learned during the regular school day
2. Positive Youth Development – encourage students to develop into well-rounded and healthy adults
3. Health and Wellness – promote healthy eating, physical recreation activities, nutrition and health

Please complete the following so that a spot may be reserved for your child in the After School Program. Transportation and a meal will be provided.

PLEASE PRINT CLEARLY and FILL OUT COMPLETELY

This completed application is due to your child's classroom teacher by **Tuesday, January 31, 2017** in order for your child to be registered in the After School program.

Student's Name:				
Parent/Guardian's Name:				
Student Information:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Grade:	Homeroom#:	Teacher's Name:
Home Address:				
Zip Code:				
Contact Information:	Home Phone:	Cell Phone:	Work Phone:	

<p>Please let us know how your child will be getting home from after school:</p>	<p><input type="checkbox"/> My child will walk home</p> <p><input type="checkbox"/> My child will be picked up *Name of the person picking up child _____</p> <p>Relationship to child _____</p> <p>Phone number of the person picking up child _____</p> <p><input type="checkbox"/> My child will be riding the bus home</p>
<p>My child will attend the after school "support hall" on the following day (s):</p>	<p><input type="checkbox"/> Monday</p> <p><input type="checkbox"/> Tuesday</p> <p><input type="checkbox"/> Wednesday</p> <p><input type="checkbox"/> Thursday</p>

<p>Emergency Contacts:</p>	<p><u>EMERGENCY CONTACT #1</u></p>
	<p>Name: _____</p>
	<p>Address: _____</p>
	<p>Relation to Child: _____</p>
	<p>Telephone: Home # _____ Cell # _____ Work # _____</p>
	<p><u>EMERGENCY CONTACT #2</u></p>
<p>Name: _____</p>	
<p>Address: _____</p>	
<p>Relation to Child: _____</p>	
<p>Telephone: Home # _____ Cell # _____ Work # _____</p>	

<p>List any allergies or health concerns, or indicate "none":</p>	
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Parent Signature: _____ **Date:** _____