



2016 – 2017 After School Program Registration Form City Honors School

The Buffalo Public School District is offering After School programs for all students in K-8. 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 **January 27, 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:	Room#:	Teacher's Name:
Home Address:				
Zip Code:				
Contact Information:	Home Phone:	Cell Phone:	Work Phone:	

Please let us know how your child will be getting home from after school:

☐ My child will walk home

☐ My child will be picked up

*Name of the person picking up child _____

Relationship to child _____

Phone number of the person picking up child _____

☐ My child will be riding the bus home

Emergency Contacts:

EMERGENCY CONTACT #1

Name: _____

Address: _____

Relation to Child: _____

Telephone: Home # _____ Cell # _____ Work # _____

EMERGENCY CONTACT #2

Name: _____

Address: _____

Relation to Child: _____

Telephone: Home # _____ Cell # _____ Work # _____

List any allergies or health concerns, or indicate "none":

Parent Signature: _____ **Date:** _____