



# After School Adventures

## Academic Center Information

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

I hereby give my permission to the After School Adventures Team to communicate with and receive information from my child(ren)'s teacher concerning academic needs and homework support that will be used in planning their activities in the Academic Center.

Parent/Guardian's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Specific needs, information \_\_\_\_\_

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The Academic Center is an integral part of your child(ren)'s After School Adventures experience. Staffing includes retired/certified teachers and college students pursuing degrees in education. The staff will assist children with literacy and skill development through communication and collaboration with their classroom teachers to promote continuity of learning, as well as provide homework support.

The Academic Center will have literacy and learning materials and supplies available to meet the needs of Kindergarten – Grade 5 students. The Academic Center will run on a schedule of age-appropriate blocks:

- Grades K – 2 - 20 minutes
- Grades 3 – 5 - 30 – 45 minutes

Please return form to Brockport Free Methodist Church 6787 4<sup>th</sup> Section, Brockport, NY 14420



# After School Adventures Family Registration

Please return to: Brockport Free Methodist Church 6787 4<sup>th</sup> Section, Brockport, NY 14420

Parent/Guardian's Name \_\_\_\_\_

<u>Child's Full Name</u>	<u>Gender</u>	<u>Date of Birth</u>	<u>Grade</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Family Address  
\_\_\_\_\_  
\_\_\_\_\_

Contact Phone # s  
Home \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Cell \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_

## Emergency Contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Home) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (Cell)

Which days will your child(ren) be attending? (circle) **M T W TH F**

## Special Needs

\_\_\_\_\_  
\_\_\_\_\_

## Permission for Pick Up

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CODE WORD: \_\_\_\_\_