

After School Program Parent Contract

(Homework Haven, 3rd-5th grade, 6th-8th grade)

Student Name: _____ Grade: _____ Teacher: _____

Parent/Guardian: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Allergies/Special Conditions: **Y N** Explain: _____

Transportation - Please check **ALL** that *may* apply:

- _____ I will be picking my child up
_____ My child has my permission to walk/bike home
_____ My child has my permission to ride home with:

1. _____
(Name) (Phone)
2. _____
(Name) (Phone)
3. _____
(Name) (Phone)

*Parents: Please note our programs end at 5pm. Many of our staff members do have additional obligations so your promptness in picking up your child **NO LATER THAN 4:30 pm** is greatly appreciated. Also, please make sure your child is aware of how they will be getting home at the end of each day!*

I/we understand that personnel & volunteers associated with *Bridging The Gap/Homework Haven* will make every effort to ensure the safety of my child. In case of emergency, illness, or accident to the child named above, the *Bridging The Gap/Homework Haven* staff is authorized to seek medical attention for my child should they be unable to reach me or the emergency contact listed above.

Signature Parent/Guardian: _____ Date: _____

After School Program Parent Contract

(Bridging The Gap, K-3rd)

Student Name: _____ Grade: _____ Teacher: _____

Parent/Guardian: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Allergies/Special Conditions: Y N Explain: _____

Transportation - Please check ALL that may apply:

- I will be picking my child up
 My child has my permission to walk/bike home
 My child has my permission to ride home with:

1. _____
(Name) (Phone)
2. _____
(Name) (Phone)
3. _____
(Name) (Phone)

*Parents: Please note our programs end at 5pm. Many of our staff members do have additional obligations so your promptness in picking up your child **NO LATER THAN 5:00 pm** is greatly appreciated. Also, please make sure your child is aware of how they will be getting home at the end of each day!*

I/we understand that personnel & volunteers associated with *Bridging The Gap/Homework Haven* will make every effort to ensure the safety of my child. In case of emergency, illness, or accident to the child named above, the *Bridging The Gap/Homework Haven* staff is authorized to seek medical attention for my child should they be unable to reach me or the emergency contact listed above.

Signature Parent/Guardian: _____ Date: _____