

School's Out! Quarter 1 Enrollment Form 2015-2016
 September 8, 2015 – October 30, 2015 (or the last full day of Quarter 1)
 Return by: Friday, September 3, 2015



Student Name _____ Grade _____ Teacher _____
 Billing Contact _____ Relationship: _____ Telephone: _____
 Billing address: _____ Zip Code: _____
 Parent/Guardian Signature _____ Date: _____

QUARTER 1 CLUBS WILL BEGIN ON 9/8/15

ENROLLMENT MAY TAKE UP TO THREE DAYS. STUDENTS MAY BEGIN ATTENDING UPON RECEIPT OF A SCHEDULE/ INVOICE

MONDAY

Garden Fresh Cooking	(1 st -6 th)	<input type="checkbox"/>	OCS Drill Team	(1 st -6 th)	<input type="checkbox"/>
Art Club	(1 st -3 rd)	<input type="checkbox"/>	Field Games	(4 th -6 th)	<input type="checkbox"/>
2 nd Choice: _____			3 rd Choice: _____		

TUESDAY

Wacky Weather Club	(1 st -4 th)	<input type="checkbox"/>	C.A.T.C.H. Kids	(4 th -6 th)	<input type="checkbox"/>
Beginner Legos	(1 st -3 rd)	<input type="checkbox"/>	Comic Book Club	(4 th -6 th)	<input type="checkbox"/>
2 nd Choice: _____			3 rd Choice: _____		

WEDNESDAY

Pumpkin Patch	(1 st -3 rd)	<input type="checkbox"/>	Rock Climbing	(4 th -6 th)	<input type="checkbox"/>
Loopy Lab	(1 st -4 th)	<input type="checkbox"/>	Advanced Legos	(4 th -6 th)	<input type="checkbox"/>
2 nd Choice: _____			3 rd Choice: _____		

THURSDAY

Cooking	(1 st -3 rd)	<input type="checkbox"/>	Let's Bake Cooking	(4 th -6 th)	<input type="checkbox"/>
Sports & Games w/OPD	(1 st -3 rd)	<input type="checkbox"/>	Community Crew	(4 th -6 th)	<input type="checkbox"/>
2 nd Choice: _____			3 rd Choice: _____		

FRIDAY

Earth Keepers	(1 st -3 rd)	<input type="checkbox"/>	Artworks & Works of Art	(4 th -6 th)	<input type="checkbox"/>
STEAM'd Up	(1 st -3 rd)	<input type="checkbox"/>	Geocaching	(4 th -6 th)	<input type="checkbox"/>
2 nd Choice: _____			3 rd Choice: _____		

Please complete reverse side →

Please Consider Sponsoring a Child this Quarter

Please make check payable to School's Out! and mail or drop off at 68 Main Street, Center Ossipee, NH 03814

- | | |
|--|---|
| <input type="checkbox"/> \$40.00 = 1 Club
<i>(1 day per week for 9 weeks)</i> | <input type="checkbox"/> Other \$ _____
<i>(No Amount is too small!)</i> |
| <input type="checkbox"/> \$200.00 = 5 Clubs
<i>(5 day per week for 9 weeks)</i> | Total Sponsor A Child Amount Enclosed:
\$ _____ |

Name: _____ Business Name (if you want it listed) _____
 Address: _____
 Email Address: _____ Phone: _____



Schools Out! Registration Form

A 21st Century Community Learning Center

Ossipee Central School

603-539-4589

Program Director: Jennifer Berkowitz

Site Director: Kate Stanley



Student Name _____ Grade ____ DOB ____/____/____ Male ____ Female ____

Classroom Teacher _____ Siblings: _____

NEW REGISTRATION (2015-16)

With whom does the child live? _____

Mailing Address: _____ Town _____ Zip _____

Street Address: _____ Town _____ Zip _____

Mother/Guardian Name _____ Home Phone #: _____

Place of work: _____ Work phone #: _____ Cell #: _____

Father/Guardian Name _____ Home Phone #: _____

Place of work: _____ Work phone #: _____ Cell #: _____

** EMERGENCY CONTACT PERSON _____ Phone #: _____

DISMISSAL INFORMATION (Please select either pick up or bus)

____ My child will ride the late bus after the program ends. **BUS STOP** (from schedule): _____

Special Instructions: _____

____ My child will be picked up promptly at 5:10 outside the O.C.S. cafeteria.

If there are any restrictions on who may NOT pick up your child, please provide the necessary documentation.

List the names of persons (other than parent or guardian listed above) who have permission to pick up your child:

Name _____ Telephone _____ Name _____ Telephone _____

Name _____ Telephone _____ Name _____ Telephone _____

***PROGRAM CANCELLATION:** In the case that the program is cancelled due to weather or emergency, my child will:
____ ride the bus home ____ be picked up ____ other, please list: _____

**Program cancellations will be made using the Alert Solutions call system. Please contact OCS if you have not signed up by 9/2015.*

RELEASE STATEMENTS (Please read and sign below)

- I give permission for emergency medical attention. Please list all allergies, medications or medical conditions our staff should be aware of: Allergies _____ Medications _____
Other _____
- I give permission for my child to participate in activities that are within walking distance of the school.
- I give permission for my child's photograph to be taken and used for publication purposes and on the School's Out! website.
- I give my child permission to use the Internet in supervised club settings.
- I understand that physical activities can pose a risk for injury to students who participate in them. I take full responsibility for any injuries that might occur while my child is attending this program.
- I do further hereby release, indemnify and hold harmless the Governor Wentworth Regional School District, the Governor Wentworth Regional School District employees or any and all of them, from any claims arising from the activities in connection with my, or my child's participation.

Parent/Guardian Signature

Date