

School's Out! Trimester 3 Enrollment Form 2021/2022

March 21, 2022 – June 17, 2022
Return by: Wednesday, March 9, 2022



Student Name _____ Grade _____ Teacher _____

Billing Contact _____ Relationship: _____ Telephone: _____

Billing address: _____ Zip Code: _____

Parent/Guardian Signature _____ Date: _____

TRIMESTER 3 CLUBS WILL BEGIN ON 3/21/2022

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

MONDAY

Rock Climbing	(1st-3rd)	<input type="checkbox"/>	Run Club	(4th-6th)	<input type="checkbox"/>
Art Adventures	(1st-3rd)	<input type="checkbox"/>	Variety Club	(4th-6th)	<input type="checkbox"/>

2nd Choice: _____

TUESDAY

Garden Club	(1st-3rd)	<input type="checkbox"/>	Rock Climbing	(4th-6th)	<input type="checkbox"/>
Young Engineers	(1st-3rd)	<input type="checkbox"/>	Snack Attack	(4th-6th)	<input type="checkbox"/>

2nd Choice: _____

WEDNESDAY

Puzzles & Games	(1st-3rd)	<input type="checkbox"/>	Sports & Games	(4th-6th)	<input type="checkbox"/>
Variety Club	(1st-3rd)	<input type="checkbox"/>	Wildcat Watchers	(5th-6th)	<input type="checkbox"/>
Spanish Club	(3rd-6th)	<input type="checkbox"/>			

2nd Choice: _____

THURSDAY

Fun, Games & Problem Solving	(1st-3rd)	<input type="checkbox"/>	Theater Club	(4th-6th)	<input type="checkbox"/>
Yoga & Mindfulness	(1st-3rd)	<input type="checkbox"/>	Run Club	(4th-6th)	<input type="checkbox"/>

2nd Choice: _____

FRIDAY

Tech Time	(1st-3rd)	<input type="checkbox"/>	Jr Forest Ranger Program	(4th-6th)	<input type="checkbox"/>
Nail Art	(1st-3rd)	<input type="checkbox"/>	Painting Landscapes	(4th-6th)	<input type="checkbox"/>

Please complete reverse side ➔

Please Consider Sponsoring a Child this Trimester

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

<input type="checkbox"/> \$84.00 = 1 Club <i>(1 day per week for 12 weeks)</i>	<input type="checkbox"/> Other \$ _____ <i>(No Amount is too small!)</i>
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<input type="checkbox"/> \$420.00 = 5 Clubs <i>(5 days per week for 12 weeks)</i>	Total Sponsor A Child Amount Enclosed: \$ _____
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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



Site Director: Aimee Lussier

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

Classroom Teacher _____ Siblings: _____

NEW REGISTRATION (2021-22) REGISTRATION RENEWAL (please update any necessary information and sign below)

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 O.C.S.

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 School Messenger call system. Please contact OCS if you have not signed up by September.

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