



School's Out! Enrichment Clubs

Trimester 3

March 20, 2023 - June 15, 2023 (or last full day of t3)

Return by March 13, 2023

Register Online at <http://www.schoolsoutprogram.org>



Trimester 3 Clubs begin March 20, 2023

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

MONDAY

Bug Club (1st-3rd)	<input type="checkbox"/>	Girls on the Run (3rd-5th)	FULL
Garden Crafts (1st-3rd)	<input type="checkbox"/>	Advanced LEGO Club (4th-6th)	<input type="checkbox"/>

TUESDAY

Puzzles & Games (1st-3rd)	<input type="checkbox"/>	Wildcat Watchers (4th-6th)	<input type="checkbox"/>
Rock Climbing (1st-3rd)	<input type="checkbox"/>	Storybook Walk Club (4th-6th)	<input type="checkbox"/>

WEDNESDAY

Beginner LEGO Club (1st-3rd)	<input type="checkbox"/>	Tech Time/ Gaming Club (4th-6th)	<input type="checkbox"/>
Snack Attack (1st-3rd)	<input type="checkbox"/>	Rock Climbing (4th-6th)	<input type="checkbox"/>

THURSDAY

Variety Club (1st-2nd)	<input type="checkbox"/>	Girls on the Run (3rd-5th)	FULL
Camp Wildcat (3rd-5th)	<input type="checkbox"/>	Wildcat Walkers (4th-6th)	<input type="checkbox"/>

FRIDAY

Helping Hands (1st-6th)	<input type="checkbox"/>
It's Showtime! (1st-6th)	<input type="checkbox"/>
Trail Blazers (1st-6th)	<input type="checkbox"/>



School's Out! Registration Form
a Nita M. Lowey 21st CCLC Program
Ossipee Central School, (603)539-4589
Program Director: Aimee Lussier



Student Name _____ Grade ____ DOB ____/____/____ Gender _____

Classroom Teacher _____ Siblings: _____

Mailing Address: _____ Town _____ Zip _____

Street Address: _____ Town _____ Zip _____

Mother/Guardian Name _____ Phone #: _____

Father/Guardian Name _____ Phone #: _____

** EMERGENCY CONTACT PERSON _____ Phone #: _____

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 _____

DISMISSAL INFORMATION (Please check 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 5:15 outside OCS.

****PROGRAM CANCELLATION****

Program cancellations will be made using the School Messenger call system.

In the case that the program is canceled due to weather or emergency, my child will:

_____ ride the bus home _____ be picked up _____ other, please list: _____

RELEASE STATEMENTS (Please read and sign below)

1. I give permission for emergency medical attention. Please list all allergies, medications, or medical conditions our staff should be aware of: Allergies _____ Medications _____

Other _____

2. I give permission for my child to participate in activities that are within walking distance of the school.

3. I give permission for my child's photograph to be taken and used for publicity and on the School's Out! website.

4. I give my child permission to use the internet in supervised club settings.

5. 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.

6. 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